

WAITING FOR ADOPTION:
COPING WITH UNCERTAINTY

by

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ABSTRACT

Waiting for adoption has been acknowledged in the literature as potentially problematic and stressful, yet this has not been the subject of research. In Saskatchewan during the 1980s, the supply of children available for adoption has diminished and the demand for adoption by infertile couples has increased. One of the results of this imbalance has been increased waiting times for prospective adopters. Guided by grounded theory, this qualitative, exploratory, retrospective study of the experience of waiting for adoption focuses upon the period of time between agency approval of the adoption application and the selection or placement of a child. Data was gathered by single occasion interviews with nine adoptive families.

Coping with uncertainty is the central issue for prospective adopters who enter the waiting period with expectation and hopefulness about their desire to adopt. Primary coping strategies are problem-focused, such as information search and mobilization of support, or emotion-focused, such as denial or distancing. Gender differences in coping strategies were identified. Discrepancies between expected waiting time and experienced waiting time are a key determinate of uncertainty strain. Sensitivity to the passage of time heightens over the course of waiting and perceptions of social support resources may change if they fail to meet waiting adopters' expressed needs for information and support. Perceptions of social workers tended to change as waiting uncertainty increased; they were found to be less accessible, supportive or well-informed. The Adoptive Parents Association was found to be the most consistent and reliable source of information and support. Revising expectations of waiting time appears to provide the most effective management of uncertainty strain. These findings are preliminary and further study is required to confirm and expand them further.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

We wonder why it's been so long and difficult for our family to begin. It's so hard to wait. It's like sitting up all night waiting for the sunrise - only to find a cloudy day with no hints of what will happen. But we wait anyway and tell each other - someday!

This excerpt from a letter written by prospective adoptive parents describes an experience encountered by many such parents. Waiting for adoption has become a contingent part of the process. Throughout the adoption literature of the past two decades, frequent references are made to the waiting periods prospective adopters experience before their hopes for parenthood are realized.

Not knowing exactly when "the happy event" will take place is one of the hard things about being an adoptive parent...., no one can say for sure just when the right baby will become available. So you have to settle down to wait. And wait (Rowe, 1969, p. 95).

Adoption is always a lengthy process.... For most of the adoptive parents in our survey there was a period of months or in some cases years between applying for and receiving a child. In retrospect, many of them deeply resented this waiting period because all this time "their child" had been growing older within an institution (Tizard 1977, p. 46).

For some, adoption goes smoothly and quickly with their first efforts, whereas for others there can be long waits and painful disappointments. The latter possibility is, unfortunately, more likely (Salzer, 1986, p. 254).

In general, adoptive parents found the most difficult parts of the adoption process to be (1) its length and complexity and

(2) an array of unmet expectations. More than one third of the adoptive parents found the waiting periods stressful and anxiety-producing (Reid, Kagan, Kaminsky & Helmer, 1987, p. 147).

... couples who seek to adopt must contend with a long wait and in some cases the possibility of not adopting at all (Daly, 1989, p. 111).

Broad Issue Of Study

In her study of the adoptive family life cycle, LePere (1988) identifies nine critical points when adoptive families are at risk for crisis. The second of these critical points is the period of waiting between the successful completion of the adoption study and the placement of a child. However, even though it is identified as a time of potential crisis, there is no further discussion of the waiting period, while elaboration is given to the eight other critical points identified. Canape (1986), however, notes that once the adoption study has been successfully completed, prospective adopters enter,

...the most difficult time - the waiting period (p. 73).

Coping is what it is all about ... those who survive ... do so because they find ways to live with the problem (p. 129).

Waiting for adoption has been acknowledged as a potentially problematic, stressful part of the process. While it has been noted and commented on in the research literature, it has generally been done so in passing with little attention devoted to the dimensions of the waiting experience. Pendarvis (1985) studied waiting anxiety in two groups of infertile, childless, first-time applicants for infant adoption. Using an experimental design, standardized psychological tests were administered to measure and compare anxiety levels in adoptive applicants who entered the homestudy process promptly and those who were required to wait. Findings revealed that anxiety levels were higher and more consistent in

couples who were required to wait. Those who did not wait had lower and more fluctuating levels of anxiety. In conclusion, Pendarvis states:

An adoption agency and its workers must take some responsibility for anxiety management; whenever possible procedures which reduce anxiety should be initiated (p. 967).

This study substantiates a belief commonly held by adoption practitioners that applicants entering the adoption study process frequently experience feelings of anxiety due to their perceptions of the investigative nature of the assessment and uncertainties of its outcome (Hamm, 1985; Hartman, 1984; Reitz and Watson, 1992). It offers no clues to the potential for anxiety following the adoption study itself. One may surmise that the experience of being approved would reduce anxiety, but this is not known.

The issue of waiting for adoption following completion of the adoption study has been virtually ignored as a subject for research. This neglect would be understandable if it affected only a small portion of the adoption population, but evidence suggests that waiting times have increased in adoption over the last ten years.

A number of changes have occurred in the past two decades which have resulted in significantly increased waiting times for many adoptive families. The numbers of infants available for adoption began to decline in the late 1960s and early 1970s. Contributing factors to this trend are advances in medical technology in contraception, greater availability of abortion and increasing societal acceptance of single parent families. With easier access to support services such as welfare allowances, day care and housing, greater numbers of single women are opting to parent their children born out-of-wedlock rather than relinquish them for adoption (Feigelman and Silverman, 1983; Sachdev, 1983; McRoy and Zurcher, 1983; Brodzinsky and Schechter, 1990).

In the 1950s, one in ten couples experienced infertility problems. More current estimates suggest that one in six couples experience difficulty in conceiving or carrying a pregnancy to term (Feigelman and Silverman, 1983; Covington, 1987; Daly, 1988). This increase has been related to trends in later age at marriage and delayed childbearing, and higher incidence of complications from contraception and disease (Cole, 1983; Feigelman and Silverman, 1983; Matthews and Matthews 1986; Covington, 1987). This has resulted in higher demand for adoption services by couples who have encountered impaired fertility.

The most dramatic change has been the decline in the population of available children, most prominently the supply of healthy, majority race infants. Faced with the prospect of years of waiting, a growing number of childless couples have turned their interest to less traditional forms of adoption: interracial adoption, adoption of older or handicapped children, international adoption, and independent, or privately arranged, adoption. Despite their ingenuity in pursuing the options for non-traditional adoptions, many prospective adopters continue to experience delays before their plans for parenthood are realized. For those who are unable to accept the risks or potential problems of non-traditional forms of adoption, the consequences are lengthy waiting periods and the prospect that a child may never be placed. Those who are successful face the likelihood that their adopted child will be an only child.

Agencies faced with a diminishing supply of adoptable infants and an increased demand for services from parents wishing to adopt have been caught in the dilemma of survival and have created new or redefined existing policies to maintain their own existence. Redefining criteria of the adoptability of children has resulted in larger numbers of children in foster care being placed for adoption, particularly those who previously were thought unadoptable on the basis of race, health, or age. One of the latest trends in the

adoption field has been open adoption. This is the practice of allowing birth parents to choose adoptive parents from a list of potential candidates, to meet them and in some cases, to engage in agreements for ongoing contact following the adoption placement. Open adoption has been viewed as a way for agencies to increase their chances of survival by capturing the population of birth and adoptive parents who previously engaged in privately arranged adoptions. It has also been promoted as a means through which to entice greater numbers of relinquishments of healthy infants.

Becoming a parent is a process of transition which usually begins with the decision to have a child, moves through conception and pregnancy, and concludes with the birth and adjustment to the new roles of parenting. The transition to parenthood is an important milestone in an adult's development and this also marks the beginning of a child's entry into the family. The parent's capacity to make a successful adjustment may set the course of the family life.

Human beings experience a number of transitions throughout the life cycle from child to adult, school to work, single to married, childless to parenthood, job to job, married to widowed or divorced, etc. Transitions involve a process of passage,

of moving from one state of certainty to another, with an interval of uncertainty and change in between (Golan, 1981, p. 12).

Turning points in the life cycle mark transitions which call for changes in self-concept and adaptation to new roles. When transitions are viewed primarily as losses, such as the loss of a spouse through death or divorce, the major task is one of disengagement with the past before the task of adjusting to a new identity and role is embraced. When transitions are seen primarily as a gain, such as a sought and acquired job promotion, attention is devoted to adjusting to a new identity and disengagement with the past may be given only passing attention (Adams, Hays & Hopson, 1976, pp. 219-220). Turning points, whether they are

the birth of a baby, the loss of a job or a spouse, occur within an individual's life course as well as within a larger social context.

Life cycle events are more likely to be traumatic if they occur off-time and "upset the sequence and rhythm of the life cycle (Carter and McGoldrick, 1980, p. 5)." The experience of infertility is just such a life cycle event and frequently prompts a crisis as it blocks the transition to parenthood.

For most people who adopt, the unrealized decision to conceive and bare children is followed by the unsuccessful search for diagnosis and treatment of impaired fertility and a new decision to pursue parenthood through adoption.

There are two main ways in which a childless person may step off the ever turning treadmill of infertility treatments and search for a child. The first way is by bearing or acquiring a child [through adoption]. The second is by remaining childless (Houghton and Houghton, 1984, p. 73).

When adoption is elected as a means by which to achieve parenthood, a new transitional course is embarked upon. Becoming an adoptive parent is a process of transition which begins with the decision to apply to adopt and ends when a child becomes a member of a family through a court order which establishes a legal relationship between child and parents. In the case of agency adoption, applicants become involved in a process which generally follows a sequence of events which further attenuate the transition to parenthood. These events, dictated by agency policies are:

1. an application is made with the adoption agency and may be placed on a waiting list;
2. an adoption homestudy (a process of preparation and evaluation of the applicants as potential adopters) is conducted and a descriptive report of the applicants is completed;

3. the approved adoption study is placed on a waiting list pending the selection of a child;
4. placement of a child proposed to the applicants;
5. placement of a child made;
6. supervision of the placement for a probationary period;
7. the adoption is finalized by court order.

Each of these stages involves a period of time which is dependent, in part, upon the agency and type of adoption elected by the prospective adopters, but more significantly, is dependent upon the balance of the supply of adoptable children and the demand created by prospective adoptive parents.

Transitions involve passing from one state of balance to another state of balance and may require a number of adjustments to changing conditions for individuals within themselves and situations evolving in their environments. The process of transition becomes one of shifting balance and disequilibrium.

Across the ages, the extent of support available from one's social network, therapeutic interventions and social programs mediate the ease of the transition to parenthood (Michaels and Goldberg, 1988, p. 2).

Social workers have the potential to be mediators of this state of disequilibrium and may influence the long-range course of their clients'-in-transition lives. As such it is essential that professionals understand the nature of the process as it is experienced by their clients. Understanding facilitates useful, appropriate intervention.

Research Study

The development of this study arises from the course of my eight years of professional experience in the adoption field. During that time, I witnessed first-hand the

growing tensions of an agency and population of hopeful adopters caught in the dilemma of a diminishing supply of children available for adoption placement. My understanding of adoption comes, in part, from my own professional experience and that of other professionals in the field. My most valuable source of knowledge, however, has come from those who have lived and continue to live with the experience of adoption. One of the best training forums for professionals engaged in adoption practice is the interview room, the meeting room and the homes where adoptive families are present. Observing and listening to what they experience and the meanings they give their experiences provides a rich and valuable source of information. I believe that one of the primary duties of a social worker is to remain open to and assess the course of changing events which affect their client population and to mediate, if possible, the conflicts and tensions which arise in an ever changing environment. To do this effectively, there needs to be a full and broad understanding of the issues faced by individuals seeking parenthood through adoption.

Preliminary investigation was conducted among personal acquaintances and members of adoptive parent support groups in the communities of lower mainland British Columbia and in Saskatoon, Saskatchewan. Their responsiveness to the topic encouraged the development of the study.

The question for research is: How do prospective adopters experience waiting? The purpose of this study is to update and broaden the child welfare field's knowledge about families who adopt. The study explores the experience of waiting for adoption from the perspective of the parents. Although the guiding principle in adoption service is that the child is the primary client, a focus on the perspective of adoptive parents is consistent with this principle. Adoptive parents are the population upon which the viability of a program depends. Without these important resources, there would be no

place to provide for the best interests of the child who stands in need of a permanent home. It is they who accept responsibility for parenting the adopted child, a responsibility which extends far beyond the involvement of the agency. Adoptive parents become a child's primary resource system; it is within the circle of their care that adopted children grow up and develop their fundamental views and beliefs. Social workers engaged in the practice of adoption services need to form positive relationships based on sound understanding of the needs of their clients, the adoptive parents, in order to protect the best interests of the child. In light of this, it is important to learn more about their experiences in the process of becoming adoptive parents. It may provide information about their needs and point to changes which could provide greater support and assistance from within the agencies which serve them and ultimately, the children who enter their families.

This study is guided by the principles of grounded theory (Glaser and Strauss, 1967). It is based on a holistic approach and is an exploration of the waiting experience of adopters not in isolation, but as a social system that interacts with and depends on the larger social system of which they are a part. The goal is to describe the experience of waiting, to develop a theory and generate hypotheses. The end result of the study is meant to provide a guide for further investigation.

Thesis Report

The thesis report is organized as follows:

Chapter Two is written in two sections. Part I explores the history of adoption and its underlying values and presents current trends in adoption in Canada. Part II describes adoption programs and policies, and recent trends and changes in the field of

adoption in the Province of Saskatchewan during the 1980s. It provides a context and background to the research.

Chapter Three explores the issues of becoming an adoptive parent as a life transition.

Chapter Four outlines the methodology employed for the research and the rationale for the choices of these methods. This includes a description of the research design, the population, sampling, data collection and data analysis.

Chapter Five presents the findings of the study.

Chapter Six explores the findings further with comparison to the findings of other research studies.

In Chapter Seven, the final chapter, a summary and conclusions are presented along with implications for possible changes in practice and policy as well as recommendations for further study.

CHAPTER TWO

ADOPTION TRENDS IN CANADA AND SASKATCHEWAN

Introduction

Adoption is a socially constructed institution which provides for the creation of a parent and child relationship by persons not related by birth (Child Welfare League of America, 1978). Adoption is a social and a legal act; it is value laden and has been shaped through political and social processes (Hartman and Laird, 1990). During the past decade, the underlying principles and values of adoption practice have been challenged and changed in North America. This chapter will explore the development and change in adoption. This chapter is divided into two parts. Part One will present a historical overview of adoption which explores its change and development over time, some of the social and cultural values which have shaped the practice of adoption, and some of the key changes which are now at hand. Part Two will present an overview of placement and waiting period trends in Saskatchewan and a review of the adoption programs and policies which were in effect or changed during the course of the adoptions encountered by the study participants. This is intended to establish the broader environmental context within which the study participants became adoptive parents.

Part I: Historical Overview

The practice of adoption dates back to the beginnings of recorded history. In ancient times, adoption served a variety of functions: to meet religious obligations; to provide an heir to perpetuate family status and wealth; to qualify for political office; or to build alliances between clans. Early adoption laws, which date back to 2800 B.C., regulated and acknowledged the legitimacy of adoption as a social practice. Historically,

adoption served the social, political and economic needs of adults rather than the needs and interests of children (Schaffer and Lindstrom, 1991; Reitz and Watson, 1992; Kirk, 1988; Cole and Donley, 1990; Griffith, 1991; Brodzinsky, 1987; Goodacre, 1966).

In North America, the first adoption legislation was enacted in Massachusetts in 1851. This provided court procedures and guidelines which were intended to ensure that biological and adopting parents were protected from making uninformed or coerced decisions and introduced the idea that a child's welfare was a primary consideration (Robertson, 1987). The Massachusetts statutes became a cornerstone for later Canadian statutes, the first of which was passed in New Brunswick in 1873 (Kirk, 1988). It took another 50 years before the majority of Canadian provinces followed suit and enacted legislation to formalize adoption.

In the late 1800s, adoption was looked to as a solution for the large numbers of homeless children forced by poverty into the streets of the cities of Great Britain and the United States. Charles Loring Brace, founder of the New York Children's Aid Society, maintained that institutional care in almshouses was contrary to the long-term needs of these orphans and street urchins. He proposed that the best solution for the care of these children was to be placed with farm families where they would benefit from learning to work hard and where farm families would benefit from additional labor. Despite opposition from the poverty-stricken parents of many of these children and the charitable agencies who had been providing for them, Brace's "orphan train" movement took hold (Cole and Donley, 1990). In Canada, an estimated 73,000 children were sent from Great Britain during the period of time between Confederation and World War I. Those under the age of nine were offered for adoption under the condition that if they proved unsatisfactory, they could be returned. Older children were indentured as servants (Marcus, 1979). People arranged their own adoptions prior to the adoption legislation

enacted in Canadian provinces in the late 1920s and they continued to advertise their unwanted children into the early 1930s. Nurses and doctors often acted as the brokers in these arrangements (Marcus, 1979).

Until the 1920s the adoption of infants was not a widely accepted social practice in North America (Cole and Donley, 1990). Following World War I there was a marked increase in children born to unmarried women and public alarm at the prospect of illegitimate children becoming a charge on government or charitable institutions (Griffith, 1991). There was a widespread fear that the children of the poor were genetically inferior and unsuitable candidates for adoption (Cole and Donley, 1990). Orphaned and unwanted children continued to fill orphanages for many years until, in the 1940s it was deemed unhealthy for children to be raised in institutions (Marcus, 1979).

With the rise in the birth of children born out-of-wedlock following World War II, adoption agencies were formed, and adoption came within the domain of social workers. These agencies primarily served the needs of middle and upper class, white, infertile couples. Adoption agencies supported the growing theories of "nurture over nature" to dispel the biases against illegitimacy and marketed the "blue-ribbon" baby concept to prospective adopters. This included promises of rigorous matching of physical characteristics, ethnic backgrounds, and religion. Adopters were offered a child who would help them look like biologically formed families and avoid the shame associated with infertility. The negative connotations of illegitimacy affected both the child and the child's birth mother. Women, pregnant out-of-wedlock, rejected by their families and society in general, had few social supports through which they might be able to provide for a child. Relinquishment of their infants was viewed as an act of redemption for their sinful behavior (Griffith, 1991). Birth parents were advised by social workers to forget the pregnancy, birth, and relinquishment experience and go on with their lives. The

adopted child's birth records were amended to show adoptive parents as though they were the biological parents and adoption records were sealed to provide complete confidentiality in adoption. The intent of these practices was to protect the "good name" of the birth parent and to protect the interests of the child from the stigma of illegitimacy (Small, 1987; Griffith, 1991; Siegel, 1993). Adoption legislation and agency policies and practices predicated on the need to protect, created a setting in which the child was "reborn" at the time of the adoption and parents were encouraged to treat their adopted child "as though born" to them. Adoption created a new family for the child and agencies perceived adoption as a single event in time.

The 1960s unleashed a wave of changes in social conditions values and attitudes which prompted thinking about adoption in new ways. The civil rights movement of the 1950s and 1960s engendered the organization and growth of a number of civil rights activities for disadvantaged groups and a new interest in the rights of children emerged. As attitudes shifted from children being viewed as property of their parents to a disadvantaged group with rights to protection from deprivation, the "best interests of the child" principle emerged and changes in child welfare reform began to take place (Goldstein, Freud and Solnit, 1973; Cole and Donley, 1990; Feigelman and Silverman, 1983). The permanency planning movement of the 1970s prompted the identification of a new population of children who had previously been considered unadoptable on the basis of racial origins, physical, mental or emotional handicaps, and those in family groups (Reitz and Watson, 1992). Two new views about the needs and interests of children emerged which influenced adoption practice. These were that all children are entitled to grow up in families and that adoption is a viable option for children whose birth families are unable or unwilling to care for them (Child Welfare League of America, 1978). New

programs and practices in adoption were developed to meet the challenges of the more complex needs of these children and of prospective adopters.

As changes in family structure and sexual mores prompted a decrease in the social stigma of single-parenthood and sources of family welfare support were extended, the pressures on unwed mothers to relinquish their infant children decreased (Feigelman and Silverman, 1983; McRoy and Zurcher, 1983; Cole, 1983). At the same time, there was a growing demand for adoption as a result of increasing infertility rates (Feigelman and Silverman, 1983; Mazor, 1979; Covington, 1987; Salzer, 1986).

Adoption practices and policies, and the assumptions and values upon which they were based, have come under increasing challenges from three groups: adult adoptees, adoptive parents, and birth parents. Adult adoptees were the first group to organize and press for the right to have records opened, claiming the right to have information about their genetic heritage and the reasons for their relinquishment (Griffith, 1991; Reitz and Watson, 1992).

Adoptive parent organizations date back to the late 1940s and originally served the purpose of mutual support for adoptive families (Kirk, 1984). In the late 1950s, two parent organizations (one in New York, the other in Montreal) were formed by families involved in transracial adoptions (Tremiere and Tremiere, 1987). These two organizations formed the basis of a large North American organization which formed in 1974 to act as child advocates lobbying strongly in favor of the placement of children who are older and have special needs. They have also demanded changes in restrictive eligibility requirements, subsidies for special needs adoption, more effective preparation for adoptive parenthood, and increased support services for adopted children and their families following adoption placements (Tremiere and Tremiere, 1987; Reitz and Watson, 1992).

Birth parents organized groups who came forward to report that they do not forget and have a deep interest in knowing about their children, and hope for reunion (Griffith, 1991; Siegel, 1993; Gonyo and Watson, 1988).

Perhaps the most significant view which has emerged is that adoption is more than a legal and cognitive decision-making act; it is a lifelong experience which affects all members of the adoption triad (Eheart, 1988; Small, 1987; Hartman, 1984; Bourguignon and Watson, 1987; Cole and Donley, 1990). Research in adoption has done much to substantiate and give weight to these new views. Spearheaded by David Kirk in 1964, studies have challenged assumptions about adoption as a one-time event which answers the problem of unwanted pregnancy, homeless children, and infertility. These assumptions have given way to a recognition of the inherent losses encountered in adoption which have a lifelong effect on members of the adoption triad (Griffith, 1991; Reitz and Watson, 1992; Johnston, 1984; Melina, 1989). All three groups have advocated for more openness and sharing of information. This has led to the need for those who work in the field of adoption to look at changes necessary to meet the emerging needs of all members of the adoption triad.

Changing values which underlie adoption have resulted in demographic changes in the population of children available, changes in practice, and more openness in adoption arrangements. Across North America, established adoption agencies have been faced with the need to adjust if they wished to continue their domain in the field of adoption. Some shifted their focus to developing programs for the adoption of special needs children, others developed international adoption programs. Some, who still wished to offer infant placement, turned to open adoption.

In the past, couples who experienced infertility could turn to adoption to meet their desires for parenthood. While they faced the problems of finding an agency,

weathering the homestudy process, obtaining agency approval and enduring a waiting period, most were successful in their wish to adopt. The availability of support services for single parents and the lessening of the social stigma associated with unwed parenthood are attributed to be the most significant factors in the decrease of the number of healthy infants available for adoption. This has prompted prospective adopters to look beyond the traditional adoption and the traditional adoption agency in their hopes of finding a child. It has also prompted the creation of new private agencies and independent practitioners in the adoption field.

Adoption Trends In Canada

A recent national adoption study conducted in 1990 by K. Daly and M. Sobol traced adoption demographics and trends over the period of 1981 to 1989. In the face of inconsistencies in record keeping from province to province, this study required the creation of estimates in trends in adoption. However, the overall uniformity of trends across provinces was seen to validate the estimates.

Daly and Sobol (1993) found that there has been an overall decline in adoption in Canada between 1981 and 1989. The most significant decrease has occurred in infant adoptions. While there has been an increase in pregnancies among single women, the decision to carry the pregnancy to term and parent their children has been the most prevalent reason for the decrease in the availability of infants for adoption. Adoption services have shifted from the public to the private sector over the past decade, particularly with respect to infant adoptions. While public agencies have experienced a 74.5% decrease in infant adoptions, private adoption of infants has remained relatively stable. Although the adoption of older children has also declined by 38.7%, these adoptions have remained primarily in the domain of public agencies. Adoptive parents

have experienced increased waiting times for adoption over the past decade. This has been particularly significant for those who have applied for the adoption of infants with public agencies where the average waiting time is six years. Twenty five percent of public agencies reported waiting times of eight to twelve years. For those who adopt through independent agencies or practitioners who do not charge fees, the average waiting time is under three years. It is less than two years for those who adopt through independent agencies and practitioners who charge fees. These findings prompt two considerations. The first is the obvious association between the ability to pay for adoption services and the reduction of waiting periods. The other consideration which emerges is the suggestion that the lengthy waiting in public agency adoptions may well mean that many of their applicants may never adopt. It was recommended that these agencies close their waiting lists rather than raise false hopes for prospective adopters.

Part II: Adoption In Saskatchewan

Early History

The first adoption legislation was enacted in Saskatchewan in 1922. Prior to that time, adoptions were arranged by private contract between adoptive and birth parents; there were no legal provisions through which to transfer parental rights and responsibilities. By the 1950s, adoption placement of healthy, majority race infants was well established under the direction of what is now known as Saskatchewan Social Services. During the early years, infants who were relinquished for adoption were kept and cared for in "baby shelters." When it became apparent that this kind of care was inadequate to meet the needs of infants, the use of baby shelters was discontinued. The

last of these institutions was closed in 1950 and infants awaiting adoption were placed exclusively in foster homes (Child Welfare Branch, 1967).

In 1967, a new program (now titled Special Adoption) was developed and established to provide adoption resources for children between the ages of infancy to twelve years who had been previously deemed to be unadoptable because of their racial origins, physical, intellectual or emotional problems or those who were members of family groups. In the late 1960s, there were an estimated 3,500 children in care, two-thirds of whom were of Indian or Metis origins. The Special Adoption Program was developed to address two major concerns of the time: the breakdown rate of foster placements and the increasing financial burden upon the Province for maintaining the child in care. Adoption was viewed as one viable, potential way to address these concerns. The goal was to provide a permanent, stable family setting for a population of children previously considered unadoptable by virtue of their race. Initial efforts to recruit adoption resources from the Native and Metis communities were not highly successful. However, continued attention was given to same-race placements whenever possible and this was achieved with greater frequency during the latter part of the 1980s. Currently, children with Treaty Status may only be placed in non-Native homes if written consent of the Band has been obtained.

Placement Trends

The annual total number of children placed for adoption by Saskatchewan Social Services peaked in 1969-70 when 513 majority race infants and 165 children of minority or mixed race were placed with adoptive parents. While the total number of minority and mixed race placements varied slightly (this total peaked in 1974-75 at 196 placements)

over the next five years, the total number of children available steadily declined throughout the 1970s and 1980s.

The most dramatic decrease was in the availability of healthy, majority race infants. Between 1969-70 and 1973-74, the number of available healthy majority race infants decreased from 513 to 292. In November 1974, a waiting list was established for applicants for the Healthy White Infant Program. The purpose of this waiting list was two-fold. In response to the declining numbers of available infants and increased waiting times for applicants, it was meant to schedule the completion of the adoption homestudy closer to the anticipated placement date and reduce waiting times during this period. It also served to place a moratorium on homestudy work for this program to allow a period of time during which the agency could realign allocation of staff time to prioritize the further development of the Special Adoption Program. The waiting list was maintained at the Provincial Adoption Registry and applicants were listed in chronological order based upon date of receipt of their application. By controlling the number of applications released from the waiting list to begin an adoption homestudy, it was intended that a manageable number of applicants could be processed in numbers roughly equal to the number of children available for placement in any one year.

In August 1976, eligibility criteria based on applicants' age, family size and marital status were established to limit the number of applicants on the infant waiting list. These criteria were a matter of policy rather than legislation. Applications were limited to those couples whose combined ages did not exceed 70 years, who had no more than one child, and who were legally married. This policy was developed by a committee appointed to review waiting list procedures and came about as a result of complaints by adoptive parents about increasing waiting times for adoption placements. In 1983, eligibility criteria were discontinued following a number of complaints made from ineligible

applicants through the Provincial Human Rights Commission. The waiting list continues to date and chronological order for release from the list for homestudy has been maintained.

In Saskatchewan, there is a common belief that any adult has the right to access adoption services provided by the Province of Saskatchewan. Access to services, however, does not guarantee that any applicant will be approved, nor that once approved, will actually adopt a child. The policy manual endorses this perception of right:

Before the application form is given out, it should be emphasized to potential adopters that adoption is not the right of every couple that applies and that our primary responsibility is to find the best home for a particular child. In other words, couples have a right to apply, not a right to be approved (Family Services Policy Manual, 1982, Section 4.1, p. 2).

Table 2.1, below, displays trends in adoption placements made by Saskatchewan Social Services during the ten year period of 1980-81 to 1989-90. The heading, Healthy White Infants, refers to children placed through the infant adoption program titled, Healthy White Infant Program. Children placed through this program are of Caucasian racial origins, who range in age from newborn to six months of age, and who have no identified significant health problems or risk of health problems in their medical histories. The heading, Other Infants, refers to children placed through the Special Adoption Program. These children are healthy, of minority or mixed racial origins and range in age from newborn to six months of age; as well, these may be children of any racial origin within the same age range who have identified significant health problems or high risk medical histories. The heading, Older Children, (also placed through the Special Adoption Program) refers to children of all racial origins from seven months to twelve years of age. These definitions were drawn from Saskatchewan Social Services Annual Reports. It is noted that the language used to define and classify children served by the adoption

programs offered through Saskatchewan Social Services appears to be inherently racist. This most likely is a reflection of the times during which the programs were given their titles, particularly, the Healthy White Infant Program which was so named in the 1960s when sensitivity to racist language was not high.

Table 2.1

**CROWN WARD ADOPTION PLACEMENTS
MADE BY SASKATCHEWAN SOCIAL SERVICES
1980-81 TO 1989-90**

Fiscal Year	Healthy White Infants	Other Infants	Total Infants	Older Child	Total
1980-81	184	34	218	170	388
1981-82	137	45	182	137	319
1982-83	141	35	176	83	259
1983-84	128	27	155	71	226
1984-85	107	NA	NA	79 *	186
1985-86	95	39	134	32	166
1986-87	72	14	86	48	134
1987-88	61	23	83	49	133
1988-89	41	21	62	42	106
1989-90	54	14	68	48	116

* Combined total of Other Infants and Older Child placements.

(Annual Reports, Saskatchewan Social Services 1980-81 to 1989-90)

As shown in Table 2.1 above, there was an overall decline in the numbers of adoption placements made during the 1980s. Healthy, majority race infant placements decreased steadily until 1989-90 when there was a slight increase. While the availability of infants diminished, the numbers of applicants steadily increased between 1983-84 and 1987-88 (see Table 2.2 below). In 1983, it was forecast that applicants for majority race infants could expect an overall waiting period (from date of application to adoption

placement) of three years. As the availability of infants continued to decline, the anticipated waiting time increased to five years by 1986 and eight to ten years in 1989. Faced with the discouraging prospects of a ten year wait, prospective infant applicants began to decrease in number in 1989.

Table 2.2

HEALTHY WHITE INFANT PLACEMENTS
COMPARED TO
APPLICATIONS PER YEAR
FROM 1983-84 TO 1989-90

Healthy White Infant Program		
Fiscal Year	Total Placements	Total Applications
1983-84	128	493
1984-85	107	573
1985-86	95	658
1986-87	72	678
1987-88	61	904
1988-89	41	778
1989-90	54	703

(Annual Reports, Saskatchewan Social Services
1980-81 to 1989-90)

From the outset of the Special Adoption Program, applications for adoption were processed in chronological order based on date of receipt and homestudies were started within a 30 day period. Applicants who had completed approved homestudies waited varying times for placement depending on the availability of the type of child requested by the applicants. As the availability of infants and young children in this program decreased, waiting times for placements increased. By 1983, it was not unusual for some applicants

to experience a wait exceeding two years for the placement of an infant through this program. As a result, a waiting list for Special Adoption applicants was established in 1983. The intent of this waiting list was to realign homestudy timing with anticipated placement date and to prioritize applications for those children who were more readily available for placement. Releases from this waiting list are based on a combination of factors: race of applicants, age range and general description of child requested, and chronological order. Essentially, this served to delay applications for those children who were less readily available (infants, toddlers and pre-school age children, and females of all ages) and give priority to the development of resources for the children who were registered and waiting adoption placements (males, school-age children, children with significant health problems, and children with Treaty Status). It also served to give priority to applicants of minority racial origins. Waiting times for Special Adoption applicants vary greatly depending primarily on the age, race and health of the child requested.

Since the creation of the infant waiting list in 1974, semi-annual letters have been distributed to all applicants on this waiting list. These letters regularly inform applicants of any changes in predicted waiting times and policies. As well, the intent of the letters is to provide reassurance to applicants that they continue to be registered on the waiting list. Applicants on the Special Adoption waiting list are not kept regularly informed of their status on the waiting list or of changes in predicted waiting times, availability of children or policy changes.

Current Adoption Policies

During the 1980s, a number of significant changes in adoption began to occur in Saskatchewan. In 1982, post-adoption services were established which included providing

adult adoptees with non-identifying background information, copies of adoption orders and/or a full search for birth family members and reunion arrangements. Adult adoptees between the ages of 18 to 20 years were required to have the written consent of their adoptive parents in order to request a search, despite the fact that 18 is the age of majority in Saskatchewan (Government of Saskatchewan, 1982). This was a concession to adoptive parents who protested against the opening of adoption records. Searches for under-age adoptees could be made in special circumstances, usually for medical information; this required physician's documentation to support the search and any information gathered from the birth parent was shared only with the physician. In 1991, additional post-adoption services were created to provide for retroactive open adoption in establishing a registry for adoptive parents and birth parents who wish to establish contact prior to the adoptee reaching the age of majority. This registry is passive in that both parties must register before services for contact are provided and no search is made on behalf of either party. Active searches for birth parents are now made at the request of the adult adoptees without the requirement of parental consent (Government of Saskatchewan, 1991).

In 1984, a handful of adoptive parents in Saskatoon created The Saskatchewan Adoptive Parents Association and held their first public meeting in January 1985. Within two years, the membership of this organization had grown to include 100 families. The Association's initial goal was to support families, who had adopted, in parenting their children. Over time, their objectives have broadened to meet the diverse needs of the membership, to include advocacy for children, a social support network for prospective adopters and adoptive families, information in the form of a bi-monthly newsletter, a substantial lending library, training conferences and twice yearly social events. There are now ten affiliate groups in towns and cities across the Province.

Until 1987, Saskatchewan Social Services was the only agency through which adoption services were available. Programs provided for services to applicants for the adoption of Crown Wards through the Healthy White Infant Program and the Special Adoption Program. As well, Saskatchewan Social Services provided adoption services for international, independent (private), and step-parent adoption. In October 1987, the first private agency in the Province was authorized to develop and operate an adoption service. Christian Counselling Services Adoption Program was funded by a government grant and offered services to both birth parents and adoptive parents who were seeking open adoption. Under the auspices of this agency, adoptive applicants could obtain an approved adoption homestudy and be presented for selection by birth parents seeking to place their children with adoptive families who were willing to be identified to them. At the opening of this agency, 200 applications were distributed to potential applicants. Within the first six months a waiting list was established and by the end of the first full year of operation, the waiting list was closed and no new applications were accepted. During their first six months of operation, 6 infants were placed for adoption by Christian Counselling Services. This agency arranged adoption placements for 28 children in 1988-89 and for 55 children in 1989-90.

Although legislatively provided for in 1973, subsidized adoption was not established until 1988. Eligibility for adoption subsidies is based on the needs of the child; there is no means test for adoptive parents. Children who may qualify are those registered in the Special Adoption Program and for whom a reasonable search (of at least 90 days) has been made to find an adoption home and has been unsuccessful. Subsidies provide basic monthly maintenance and/or payments for special services and/or extended health benefits for pre-existing diagnosed physical, intellectual or emotional disabilities. The

intent of subsidized adoption is to provide assistance where the cost of the child's care or special needs would be barriers to their adoption placement.

Following in the footsteps of Christian Counselling Services Adoption Program, Saskatchewan Social Services established open adoption policies for infant placements in June 1989. This change was a significant shift from past adoption procedures which allowed only the sharing of non-identifying information in the form of medical and social histories being shared with adoptive parents and birth parents. Open adoption offered a range of options for the sharing of information and contact between adoptive and birth parents. These options range from traditional, anonymous or closed adoption to fully open adoptions with direct (and possibly ongoing) contact arranged between birth and adoptive parents. All applicants on the Healthy White Infant Waiting List, as well as all applicants who had approved homestudies and were waiting for placement, were informed of the policy changes. Those with approved homestudies were engaged in a process of making decisions about their options and selecting options for openness.

Prior to this policy change, a social worker matched approved adoptive families with available infants. The criteria for these matches was based on the request made by a relinquishing birth parent for such things as religious affiliation of the adoptive parents. With the change to open adoption, it was possible for birth parents to make selection of an adoptive family on the basis of information provided in adoption homestudies. Usually three non-identifying adoption homestudies are provided to a birth parent from which to make a selection. These are pre-selected by a social worker on the basis of the birth parent's request for a home as well as options for openness of the adoption.

The provision of non-identifying homestudy reports required the rewriting of all homestudies in a non-identifying format. It also required a change in the style and language of the homestudy report as the primary readers became birth parents rather than

social workers. Adoptive parents were given an opportunity to read and review their homestudy reports, an opportunity not previously provided for by policy. They were also required to sign a statement which verified they had read their homestudy report and agreed that it was a fair and true representation of them as adoption candidates.

In cases where birth parents and adoptive parents elected to meet prior to or at the time of placement, adoption caseworkers were called upon to facilitate these meetings and assist the parties in negotiating contracts for future contact.

Adoption administrators decided that there was a need to increase in the numbers of approved and waiting resources in order to ensure that an adequate supply of resources be available for matching with a greater number of variables. The result was that there were many more approved resources than there were children. For adoptive parents this meant the possibility of extending waiting periods following the completion of the homestudy.

During the latter part of the 1980s, there was a growing perception among adoption caseworkers at Social Services that independent adoptions were increasing in number. Although independent adoptions are filed with Social Services, no provincial statistics have been kept to provide comparative standards to substantiate this perception.

Although international adoption has been available to residents of Saskatchewan for many years, this type of adoption was not in high demand until the end of the decade. During the 1983-84 fiscal year for Saskatchewan Social Services, two international adoption placements were arranged. By 1987-88, although there were only two international placements, there were 22 approved and waiting resources. This increased slightly in the following year with four placements and 26 approved and waiting applications. Because the demand was low, applicants for international adoption were not placed on a waiting list and adoption homestudies were begun within a month of receipt of

application. In 1989-90, however, there was a dramatic increase in interest in international adoption when it became widely known that there were large numbers of children in orphanages in Romania. In February 1990, a fact-finding mission was sent from Saskatchewan Social Services to Romania to gather information about children who might be available for adoption. As a result a special project was established by Social Services to arrange international adoption placements for children in Romania. By the spring of 1990, the response from prospective adopters was so great that in addition to approved applicants waiting for placement arrangements, a waiting list of 145 applicants was established for international adoption. Between 1990 and 1992, thirty-six children from Romania were adopted by Saskatchewan families. In 1992, the special project was closed due to political and legal difficulties which arose in Romania.

Summary

In Saskatchewan during the 1980s, there was a diminishing supply of children, particularly healthy, white infants, available for adoption; at the same time, there was an increasing demand from prospective infant adopters. Historically, adoptive parents have had considerable power and influence to effect or moderate changes in adoption policies. A growing understanding of the needs of birth parents and adoptees has shifted the balance of power and the principal adoption agency, Saskatchewan Social Services, has struggled to bring the interests of all parties into more equal balance and at the same time, maintain its domain. Numerous program and policy changes were implemented to provide greater openness in adoption in establishing services for adult adoptees and birth parents, to reduce barriers to placement of children with special needs, to encourage birth parents to use agency arranged infant adoptions and to provide increased options for prospective adopters. These policy and program changes increased in frequency during the latter part

of the decade and adoptive parents, as well as their social workers, were caught in an environment of rapid change. Social workers were faced with new demands, increased caseload sizes, and the broader demands of the agency to support and implement changes and represent new views about adoption. Adoptive parents were faced with an increased number of options through which to adopt, an increased shortage of infants available for placement, and longer waiting times.

Although waiting times were relatively short for a few prospective adopters such as those who applied for adoption early in the establishment of Christian Counselling Services and at the outset of the special project for adoption from Romania, waiting times increased for the majority of hopeful adopters. The previous assumption that adoptive parents should not have lengthy waiting periods between completion of the homestudy and placement appears to have been based upon the belief that the process of socialization to the adoptive parent role may be eroded by lengthy waits. The new reality in adoption is based on the belief that there is a need to have an adequate supply of approved resources in order to encourage birth parent relinquishment through offering placement choices. This has resulted in longer waiting times for placement by adoptive parents and the increased possibility that a child might never be placed. Adoption service providers in Saskatchewan need to look carefully at what options, if any, are available for decreasing the waiting times for adopters. Perhaps it may be more important for agencies, their social work staff, as well as adoptive parent support groups, to take a careful look at the experiences encountered by prospective adopters and find ways to provide support during this period.

CHAPTER THREE

TRANSITION TO ADOPTIVE PARENTHOOD

Introduction

The course of human life involves negotiating a number of transitions. Those most commonly encountered are the transitions from child to adult, school to work, work to retirement, single to married, childless to parenthood, and married to widowhood. The purpose of this chapter is to provide an overview of the process of transition to parenthood and the process of transition to adoptive parenthood.

Transitions involve passing from one state of balance to another state of balance and may require a number of adjustments to changing conditions for individuals within themselves and evolving in their environments. The process of transition becomes one of shifting balance and disequilibrium. All transitions involve some stress. Hopson and Adams (in Adams, Hayes and Hopson, 1977, p. 15) maintain that the severity of strain experienced during a period of transition is determined by a number of factors: the biophysical stress tolerance of the individual; the number of stressful events operating at one time; the importance of the event to the individual; the intensity of the stress; and the duration of the stress. Silverman (as cited in Golan, 1981, p. 12) suggests the energy required to manage transition is related to the suddenness of its onset, and the degree of loss or perceived change which is required of the individual. An additional consideration is whether the change is total or partial, temporary or permanent.

Social support networks are widely acknowledged as important resources during life transitions (Unger and Powel, 1980; Golan, 1981; Gottlieb and Pancer, 1988). Social support networks play a significant role in an individual's feelings about themselves and their sense of competence in the major life roles they occupy or wish to assume. The most

significant members of an individual's social network are close friends and relatives; they may offer both psychosocial support and practical needs during the course of a transition. Other members of the social network are acquaintances, work associates and distant relatives; these members may provide information, but generally exert less influence on the individual's life or adjustment to transition. Gottlieb and Pancer (1988) suggest that social networks serve a variety of supportive functions. They offer emotional support which shore up feelings of self-esteem and security. As well, social networks may constitute a reliable alliance and provide feedback about the appropriateness of feelings about self and situation. Cognitive guidance in the form of advice, counsel, and normative information is usually called upon from social networks when coping decisions are being made; this can be provided openly by discussion or covertly by social comparison. Social networks may be sources of tangible aid and services. Perhaps, one of the most important kinds of support offered by social networks is coherence support which conditions an individual's appraisal of the meaning and significance of the transition. Coherence support also serves to prompt confidence in their ability to withstand environmental turbulence or adversity and maintain confidence in a positive outcome.

Transition To Parenthood

Between 1957 and 1974, there was considerable attention and study of parenthood as a crisis. "The debate generally centered around whether or not becoming a parent was a 'crisis,' whether it was instead a 'normal crisis,' and whether the crisis aspects had been overemphasized (Cox, 1985, p. 395)." In 1968, Alice Rossi (1968) wrote convincingly about shifting the focus of the study of becoming a parent from a crisis orientation to that of an adult developmental transition. With this shift in focus came a broader view of parenthood as a social construction and encompassed issues of the environmental contexts

of work, extended families, friends and other sources of stress or social support, as well as the impact on the couple relationship and individual functioning (Cox, 1985).

While there are a number of variations, such as planned and unplanned single parenthood, the premature birth of a child or the birth of a child who has significant health problems, which prompt a variety of stresses in the transition to parenthood, the following discussion of the transition to parenthood will be general in nature and focus primarily on the initial stages of the process which proceed the crisis of infertility encountered by the majority of the adoptive parent population.

The transition to parenthood marks a major developmental milestone in an adult's life; it is the beginning of the assumption of a new role with new tasks and responsibilities (Matthews & Matthews, 1986; Mazor, 1979; Salzer, 1986).

Research on individual psychological development, studies on the development of the marital dyad, and work on family development are unanimous in viewing the transition to parenthood as a pivotal adult developmental event (Michaels and Goldberg, 1988, p. 2).

There are cultural and family norms and individual personal agendas created to fill the many changing demands of parenthood. All major adult roles have a long history of anticipatory training for them (Rossi, 1968). Assumptions toward the parenting role begin early. Preparation for the role of parent begins during childhood as children identify with the significant adults in their lives, their parents and the parents of others (Kirk, 1984; LaRossa, 1986; Becker, 1990).

Motivation To Parent

G. Michaels (Michaels and Goldberg, 1988) reports that early writers attributed motivation for parenthood as innate and instinctual. Psychoanalytic theorists focused on

unconscious motives related to psychosexual dynamics, ego formation and the internalization of parental representations. Psychoanalytic writers have postulated that the desires of both men and women to have children are rooted in resolution of the oedipal issues of early childhood. More recent theories propose that parenthood motivations are based on the value of evolutionary survival and genetic lineage. Ego psychologists suggest that motivation to parent stems from seeing the child as an extension of self and is narcissistic in nature. Erickson (1963) viewed parenthood as motivated by primary expression of generativity, an adult stage of development which is concerned with establishing and guiding the next generation.

Behavioral psychologists developed a values hierarchy model to predict fertility behavior. In 1982, Campbell, Townes, & Beach (as cited in Michaels and Goldberg, 1988, p. 28) found that the strongest values for having children were associated with the parent and child relationship - "the opportunity to establish a close affiliative relationship." For childless couples in their study, socialization to the role of parent and family expectations were very important motivations for having a first child. Nonparents expressed the desire to have a first child while still young as an important motivation; another important value for nonparents was to meet family expectations and enhance affiliation the family of origin. In 1975, Hoffman and Hoffman (cited in Michaels and Goldberg, 1988, p. 31) further developed the model of values-of-having-children in a large international study to predict fertility behavior. They categorized these values as: adult status and social identity, expansion of the self, moral values, primary group ties and affection, stimulation and fun, achievement and creativity, power and influence, social comparison, economic utility. They found that in their North American subjects, primary group ties and affection, and stimulation and fun were the values most highly endorsed. Economic utility, power and influence and morality were rated least important. Expansion

of the self, adult status and social identity, and achievement and creativity fell in between. They also found that men are much less likely than women to view having children as an integral part of their sex role.

The literature on the motivation to become a parent presents a variety of theories and factors for consideration; no single, consistent theory prevails as the dominant motivation. The desire to become a parent appears to stem from many factors, some of which may be innate and unconscious. The values associated with parenthood appear to be based on psychological need and are influenced by cultural and social factors.

Decision To Parent

Modern reproductive and contraceptive technology affords most couples and individuals greater choice and control over whether or when to become parents (Daniels & Weingarten, 1982; Michaels & Goldberg, 1988, Daniluk & Herman, 1984; Daly, 1988). Changes in attitudes and values about parenting afford individuals and couples with a greater sense of choice. This is particularly true for women who may elect to delay or defer parenthood until they have completed their education or established their careers. While societal values and attitudes have changed to produce greater freedom for women to pursue the personal and economic advantages of a child-free life, 19th Century values of marriage and motherhood continue to influence attitudes which emphasize bearing and raising children as an integral part of the female role. There is considerable pressure on women to consider maternity as necessary for a woman's fulfillment as an individual and secure status as an adult; men, on the other hand, work to secure status (Rossi, 1968). For most couples, however, old traditions and values prevail and marriage brings with it the expectations that children will become the eventual next step in the life of the family (Daly 1988, Kirk, 1964, Covington, 1987). Parenthood is associated with an important

source of adult status and social identity (Michaels & Goldberg, 1988; Daniluk and Herman, 1984; LaRossa, 1986; Rossi, 1986; Antonucci and Mikus, 1988; Mazor, 1979; Covington, 1987).

The decision to become a parent marks the start of the course of the transition for most couples. It is influenced by a number of factors: the status of the marriage relationship, personal developmental goals and values, anticipation of the impact of parenthood, and social networks, norms and behaviors (Gottlieb & Pancer, 1988, p. 244).

Daniels and Weingarten (1982) report that most couples have "inner scenarios" of when to have children which prompt their decision-making about parenthood. The outcomes of these decisions are most frequently that couples have children sooner or later than they expected or wanted. Disparity between the ideal and actual timing of the transition complicates the experience and may produce feelings of frustration or disappointment when couples feel they have lost control of their lives and that they are "off-time." Being out of step with the times, and with the timing patterns characteristic of one's generation and subculture, affects the transition to parenthood. The course of the pregnancy provides an opportunity for couples to resolve their sense of timeliness and to "accept and nurture the idea of parenthood (p. 36-37)."

The decision to become a parent prompts a stage of heightened anticipatory socialization which occurs at the point of the decision and is most predominant between pregnancy and the birth of a child. Shapiro (1988) reports that during this stage it is common for couples to envision the physical characteristics, talents and interests they anticipate their child may have. As well, they contemplate how their lifestyle will be altered and begin to think differently about themselves as they anticipate the role of parent. Antonucci and Mikus (1988) describe this period as one in which there is the creation of an imagined self-image as parent. They suggest that individuals who have a positive

imagined self-image are more likely to successfully manage the transition to parenthood whether it is a planned or unplanned event.

Infertility

For most couples, the transition to parenthood involves a process of decision-making, pregnancy, anticipation, and the birth of a child which brings with it the multiple tasks of child care and reorganization of lifestyle, the marital relationship and other relationships. Most people assume fertility as a certainty and that starting a family will be a decision they control (Salzer 1986, Daly, 1988; Covington, 1987; Mazor, 1979; Matthews and Matthews, 1986; Daniels and Weingarten, 1982; Digiulio, 1987; Johnston, 1983). Few couples anticipate difficulty having a baby; if they are unable to conceive or carry a baby, a crisis occurs.

Infertility is the inability to achieve a successful pregnancy after one year of sexual relations without contraception (Daniels and Weingarten, 1982; Mazor, 1979; Salzer, 1986; Covington, 1987; Matthews and Matthews 1986; Johnston, 1983). Estimates of the prevalence of infertility are varied from one in ten couples to one in five or six couples (Mazor, 1979; Covington, 1987; Johnston, 1984; Salzer, 1986; Matthews and Matthews, 1986). There is a general consensus that 50% of couples who seek medical intervention and treatment successfully conceive and carry pregnancies to a live birth (Mazor, 1979; Shapiro, 1988; Johnston, 1984; Fleming and Burry, 1987). James and Wilson (1986) report that one in seven couples seek medical assistance for fertility problems and that one in fifteen are infertile.

Infertility is an unanticipated crisis in the developmental life cycle of the family (Mazor 1979; Covington, 1987; Shapiro, 1988; Becker 1990). For those who view raising children as a principle goal of adult life, infertility holds significant meaning and far-

reaching consequences and is composed of a series of crises (Salzer, 1986; Mazor, 1979). For most couples, the inability to conceive and the concept of infertility emerges slowly over time. The initial response to the growing fact of infertility is denial and disbelief; there follows a sense of helplessness at losing control over one's life plan (Mazor 1979).

Mazor (1979) suggests that there are three phases of the course of infertility. The first phase begins with acknowledging that something has gone wrong and revolves around a perception of injury to self. Medical testing and treatment actively pursued during this phase. This phase includes a typically intense search for answers to explain the causes and reasons for the interruption to a couple's life plan.

The second phase occurs when treatment is unsuccessful and involves mourning the loss. Infertility is a multifaceted loss; it encompasses the losses of genetic continuity, of physical and biological integrity, of a jointly conceived child, of the experience of pregnancy and birth, of the mystical goal of parent-child bonding at birth, of the opportunity to parent, and of control over one's life course. These losses are attendant with self-esteem, self-worth, confidence and competence (Johnston, 1983; Covington, 1987; Brinich, 1990). The losses encountered in infertile couples are individually constructed and may be different for husbands and wives. Johnston (1983) says mourning is relinquishing the assumption of becoming parents by confronting the painful reality of the loss as it is individually constructed, dealing with the pain and moving on to make decisions about options and alternatives in a way that is constructive. The process of grieving the losses experienced by infertility presents a number of unique difficulties for couples. Because their individual construction of the loss may be very different, grieving may cause stress in the marital relationship. Because infertility is primarily a loss of potential which may include feelings of failure and has sexual connotations, it is often difficult for couples to talk about with others, leaving them to grieve in isolation.

Johnston (1983) suggests that infertile couples tend to withdraw from others and isolate themselves from the fertile world and that this is a normative response which assists them in dealing with their pain.

The third phase involves coming to terms with the outcome, deciding about the future, and going on with life. For those couples for whom infertility becomes a fact of life, choices must be made about remaining childless or pursuing parenthood through some other means. Although artificial insemination, gamete intrafallopian transfer, in vitro fertilization and surrogate motherhood are becoming more common place, these alternatives may involve considerable expense, low rates of success and social stigma. For infertile couples who wish to experience parenthood, adoption remains the preferred option.

The Decision To Adopt

The decision to adopt is not a single event, but a series of decisions which may or may not lead to an adoption. Adopting through an agency requires gathering information about the possible options for adoption and considering the advantages and disadvantages of each, locating an agency that will accept an application, finding out how to apply and deciding whether to apply. The options available to most prospective adopters are agency arranged or independently arranged infant adoptions, agency arranged adoption of children with special needs and agency arranged or independently arranged international adoption. For couples wishing to adopt a healthy, majority race infant, the options are limited. Agency arranged infant adoptions entail lengthy waiting periods. Independently arranged infant adoptions require locating a birth parent and engaging the services of a lawyer. International adoptions almost always entail expenses of travel to a foreign country and legal costs; some involve complex legal requirements. The adoption of

children with special needs requires the acceptance of a child who may be older, of minority or mixed racial origins, and who may have medical or emotional disabilities.

Adoption is often recommended by physicians during testing and treatment of fertility problems. Friends and family may also suggest and encourage couples to apply to adopt. For some who take this advice, the adoption application may be made as a form of "parenthood insurance" should the outcome of medical intervention be unsuccessful. The adoption application may also signify the relinquishment of denial of infertility and the initial recognition that the role of genitor may be lost (Houghton and Houghton, 1984; Daly 1988). The most critical hurdle in deciding to adopt is negotiating spousal differences in the readiness for adoption (Daly, 1988; Becker, 1990). Calling the agency is the first concrete action in the transition to adoptive parenthood. Whether made tentatively or not, the decision to adopt is initially made in an environment of uncertainty of outcome.

The Transition To Adoptive Parenthood

As identified by David Kirk (1984) in his study of adoptive parenthood, the transition to adoptive parenting carries significant differences from those of biological parenting. While the biological parent is prompted by pregnancy to come to terms with the timing, prepare for the impact and to accept and nurture the idea of self as parent, this is done with a relatively predictable timetable. The relative certainty of the event of the expected birth is usually shared with friends and family and their support is enlisted. Adoptive parents have no timetable that assures them of parenthood, nor do they have the growing physical evidence of a pregnancy which prompts them and others to prepare for the event of parenthood. Prospective adopters have fewer cohort supports; family and friends are usually unfamiliar with adoption, and may not be accepting of the plan. The

uncertainty of adoption inhibits announcing plans to family and friends. Adoptive parent support groups can be an extremely valuable resource for prospective adopters. They can provide guidance, information, emotional and coherence support throughout the process of transition to adoptive parenthood.

Biological parents are independent in acquiring a child; they do not need to seek approval to qualify for parenthood; their status is fully accrued at the birth of their child. Adoptive parents are dependent upon intermediary services to arrange for their parenthood. Adoptive families are formed out of a very conscious and deliberate desire. This planned aspect of adoption carries with it both legal and technical requirements not generally encountered by other families: the adoption homestudy process, its real or implied approval, the long wait before placement, the tentativeness of the supervisory period, and the finalization in court (Tremiere and Tremiere, 1974).

Agency Role In The Transition To Adoptive Parenthood

Adoption agencies primarily are responsible for involvement with adoptive families during two stages of the transition to adoptive parenthood. During the first stage, the agency explores with the family their strengths and weaknesses and their motivations and potential to parent an adopted child. During the second stage, agencies focus on the real impact of the arrival of an adopted child, the ways in which the family is adjusting to accommodate a new member and reestablishing family equilibrium (Reitz and Watson, 1992).

Traditionally, adoption agencies represented themselves as invested in protecting the best interests of children and assumed an investigatory or assessment role with prospective adopters. Historically, the purpose of the homestudy was to satisfy the court that the adoptive parents were "fit people (Hamm, 1985)." With the growing

understanding of the complexities of adoptive family life and the needs of adopted children, the more recent focus has been on preparing prospective adopters for the tasks of adoptive parenting (Hamm, 1985; Abramczyk and Barbell, 1987; Reitz and Watson, 1992). This more mutual approach requires that the agency and prospective adopters work together to explore their background and parenting potential and the way in which they will be able to accommodate an adopted child. Ideally, the homestudy is a process of education and preparation for adoptive parenting and self-selection. It presents a unique opportunity for social workers to provide a valuable service for families of a supportive and preventative nature. Anticipatory socialization to the role of adoptive parent is a critical component in this process. In theory, this mutual effort reduces the agency's power and authority over prospective adopters; in reality, prospective adopters are very much aware that the agency continues to hold the power to approve or disapprove their adoption request.

Summary

The transition to parenthood is widely recognized as an important adult life transition. For infertile couples, the transition is halted by the crisis of infertility. If medical intervention is unsuccessful in treating fertility problems, the choices for infertile couples are non-parenthood, parenthood by extreme measures, or by adoption. The transition to adoptive parenthood requires accepting the problem of infertility and coming to terms with the inherent losses. If adoption plans are pursued, couples need to gather information, explore options, and make a series of decisions which may lead to an adoption. Waiting for agency or intermediary services accompany the path to adoptive parenting.

Social workers can play a vital role in the transition to adoptive parenthood. Those in adoption agencies are in a position to intervene and facilitate the transition. The initial phone call, the intake interview or adoption information meeting, the homestudy process, pre-placement arrangements and follow-up services during probationary period all provide opportunities for social workers to intervene in the transition to adoptive parenthood. While it is acknowledged that it is an appropriate intervention to keep prospective infant adopters on waiting lists informed about waiting times, there has been no attention given to the possible needs of approved and waiting resources and no formal policies for services to this client population. One of the purposes of this study is to explore the needs and determine if social work interventions are appropriate or necessary.

CHAPTER FOUR

RESEARCH DESIGN

The broad issue selected for research is the experience of waiting for adoption. When mentioned in the adoption literature (see Chapter One), this aspect of the process of becoming an adoptive parent is described as difficult or a critical stage, yet further clarification or expansion on the dynamics of this experience remain largely unaddressed. Research addressing waiting periods in adoption is scant. The lack of research reveals a limited knowledge base in this area; in the face of lengthening waiting times in adoption, the issue may have increasing significance for adoptive parents as well as agencies and social work professionals engaged in adoption practice.

My intent was to conduct an exploratory, qualitative study of the nature of the waiting in the adoption process, using a grounded theory approach, defined as:

inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon.... begins with an area of study and what is relevant to that area is allowed to emerge (Strauss & Corbin, 1990, p. 23).

The question for research is: How do prospective adopters experience waiting? This includes, "What does it mean to them?" and, "How do they respond to the experience?" In keeping with the nature of the question and the lack of previous research to direct the study, qualitative methodology appears to be the best fit. Strauss and Corbin (1990) suggest that qualitative methods lend themselves naturally to research endeavors which focus upon discovery and understanding of an individual's experience with a

phenomenon. A qualitative approach allows the investigator to,

attempt to gain a firsthand holistic understanding of phenomenon of interest by means of a flexible strategy of problem formulation and data collection shaped as the investigation proceeds (Reid and Smith, 1988, p 87).

Starting from a broad ecological approach, the research aim is to determine how individuals frame the process of waiting. From this framework then, a grounded understanding of the waiting process may be established and explored with a view to the development of theory, hypotheses, or concepts about strategies for intervention which may be needed. Reid and Smith suggest that while the purpose of exploratory research is,

to gain an initial look at a piece of reality ... to stimulate ideas about it ...[and] ...to lay the groundwork for more definitive studies, the products of exploratory research can be applied to practical problems pending more definitive studies (ibid.).

The purpose of this study is to build a theoretical framework and generate hypotheses. The findings may also be linked to implications for policy, practice or service delivery in adoption.

Eligibility Criteria

The population selected for study are parents who have had a child placed for adoption in their home within the past twelve months or who have successfully completed an adoption study and are waiting for adoption placement. Placement within twelve months was selected to keep the data collection reasonably current and still allow for a sufficient sample to be obtained. Geographical location of the study was limited to the Saskatoon region primarily due to practical considerations of time and travel expenses

involved in attempting to draw a sample from a larger area. This limits the population to those adoptive parents served by a single regional office of Saskatchewan Social Services as well as Christian Counselling Services.

Sample

The sample was self-selecting. All participants in the study were volunteers recruited through a brief presentation of the study before a general meeting of the Saskatchewan Adoptive Parents Association. These meetings are open to the public; membership in the Association is not required for attendance.

Nine adoptive families are represented in the sample. Seven couples and two adoptive mothers participated in interviews held in the parents' homes. While the invitation to participate expressly indicated a preference for interviews with couples, two adoptive fathers declined. One was unavailable due to employment demands; the other declined, saying he had no wish to revisit experiences remembered as painful. Of the adoptive families represented in the sample, four had completed a second adoption placement and three had a first adoption placement within the past four to twelve months; two were waiting for a second placement. All had made an application for adoption with Saskatchewan Social Services prior to their placement. Their experiences in adopting covered a variety of programs and adoption methods: healthy, majority race infants, minority race infants, older children, international adoption, independent (privately arranged) adoption, and private agency adoption. In the nine families, there were a total of fourteen adopted children at the time of the interviews. All couples had experienced impaired fertility prior to first applying to adopt and all had been childless prior to the first adoption placement.

All participants had some previous acquaintance with me; three had been clients at some time prior to June 1989. None had been involved in a worker-client relationship with me during the 16 months preceding the interview and so had been involved with another social worker and/or agency during the most recent placement or adoption study. Others who had not been directly involved as clients, were acquainted with me through my involvement as advisor to the Saskatchewan Adoptive Parents Association (from 1984 to 1989). While a prior acquaintance, particularly one derived from a professional relationship, may be viewed as potentially biasing the researcher-participant relationship, I am of the opinion that it served to encourage participation and enhance sensitivity to the study subjects and the data.

It was hoped to obtain participants who were waiting for a first adoption, but no volunteers in this situation came forward. While it is impossible to be certain of the reasons for this, a number of possible explanations readily occur: waiting couples may not have been in high attendance when recruitment was done; it may well be more likely that participation in the study was perceived as posing a potential threat despite promises of confidentiality - particularly if the course of the adoption study had been difficult in any way.

This, then, is primarily a retrospective study of waiting for adoption. Of the two couples waiting for placement, one couple had been notified of a potential placement and were in the midst of final preparations for that event. Retrospective studies are subject to both positive and negative biases of recall. Memories, over time, are influenced by intervening events which pose the risk of distortion. Simmons (1988, p. 294) notes that with the passage of time, recall of past events involving relationships which are important to an individual tends to "expand" in meaning and those of less importance tend to "shrink". Recall is changed or reframed by time and new experiences, yet continues to be

the reality of the experience for the individual. One couple, whose adoption placement was a full twelve months prior to the interview, readily admitted that they often found it difficult to remember a time when they didn't have their children. In their case, recall was assisted by reviewing a diary the adoptive mother had started at the beginning of the adoption homestudy and referring to it from time to time during the interview.

Given the apparent reluctance of waiting couples to participate, and participation from couples who had completed (or almost completed) their adoption plans, it appears that willingness to participate in the study may have been predicated to some extent by considerations or perceptions of jeopardy to their adoption plans. Throughout the course of the development of the study and the interviews themselves, it became evident that this topic is one which is highly charged with emotion. Preliminary investigation of the topic through conversations with experienced adoptive parents suggested that admission of the level of distress experienced while waiting for a placement was frequently perceived as a potential threat. As one parent said,

When you reach Social Services, you are at the end of the line; this is your last chance to become a parent. You put your best foot forward at all times for fear of doing anything which might jeopardize that chance.

Sutton and Schurman suggest that, "strong emotions should be expected to the extent that informants are directly queried about threats of personal disruptions (in Berg and Smith, 1988, p. 337)." Further to that they propose that when,

... studying emotionally hot topics ... retrospective research has distinct strengths. When people are trapped in the turmoil of ... [a] profound transition, they often do not have either the time or the inclination to speak with a curious behavioral scientist.... And perhaps more important, it can be unethical or simply rude to invade the privacy of people while they are suffering severe distress (p. 343).

Participants expressed unhesitating willingness to participate in interviews and appeared to be motivated by a hope that their experiences could be of potential benefit to other adoptive parents. The study presented a unique opportunity to be heard on a subject of substantial meaning and significance to them. In some cases, the opportunity appeared to be viewed as one through which to communicate dissatisfaction with the adoption system. A willingness to support the field of adoption research was expressed as well as the view that it was a somewhat exotic opportunity to be included in a research study. In some cases, there appeared to be a search for validation of their experience and the hopes that their issues or concerns would be communicated to adoption professionals.

Data Collection

Data was collected through a series of single occasion interviews of approximately two hours duration conducted in the participants' homes. As all of the participants were adoptive parents, interviewing in their homes precluded the need for their making child care arrangements. This also ensured confidentiality, comfort and easy access to written accounts of their experiences. The disadvantage of this location for the interview was that there was little control over the number of interruptions which could occur during the process. In most cases, this was not problematic.

Personal interviews were conducted using an interview guide (see Appendix D). This allowed the interview to be conducted in a relaxed atmosphere which was conversational in style and flexible enough to clarify questions and probe for fuller answers. Not only do personal interviews offer the capacity for obtaining large amounts of information, this technique is particularly useful in exploring topics which are not previously well-explored or are sensitive in nature (Reid and Smith, 1988, p. 213). The guide approach provides data collection that is systematic without being fixed or rigid and

which permits a degree of spontaneity of questions. This approach has the disadvantages of possible omissions of topics and variances in sequencing which somewhat weakens the comparability of responses (Patton, 1980, p. 206).

The interviews were recorded on audio-cassette and later transcribed. Following the interview, notes were recorded in a log of general impressions of both the interview content as well as the process, including my perceptions about the preparatory and post-interview interactions with the participants. Transcriptions were completed as quickly after the interview as possible; in most cases, the transcriptions were completed within five days of the interview. The interviews took place over the course of one month and were generally grouped in threes, three pre-test interviews, followed by three couple interviews and then, the final three interviews. While this was not planned, it served nicely to allow for transcriptions to be completed, reviewed in groups of three and general impressions recorded as a guide to emerging topics, issues and themes.

Conjoint interviews were conducted whenever possible. Becoming an adoptive parent is a shared process and it seems most fitting to explore the experience from the perspective of the couple. Adoptive parents encounter multiple conjoint interviews during the adoption study process and are most familiar with this form of investigation. Conjoint interviews have the potential advantages of revealing the balance of partners' perspectives and enhancing the reliability of their comments. When interviewed together, spouses tended to prompt one another to recall details omitted or forgotten as well as differences in perceptions of events or the passage of time. They also corroborated statements made by one another during the interview process. This type of interview carries the risk of individuals avoiding sensitive issues or keeping secrets as well as the potential for one individual to dominate the interview. LaRossa and LaRossa (1981) address these potential disadvantages by suggesting it is unethical to interview individuals to obtain their

secret thoughts which are then published. They further suggest that skillful interviewing techniques minimize the dominance of one partner's account over the other.

Having introduced the study to the participants and obtaining their written consent (Consent Form at Appendix C), each interview was initiated by the request to hear their adoption story, beginning at whatever point the participants felt was appropriate. As the story unfolded, questions or probes were used to obtain greater detail, clarification or amplification. Asking for a recounting of the adoption story prompted participants to look back over time and recall their experiences with the adoption process and provided a context for the issue of waiting. Study participants acknowledged finding recall of events, thoughts and feelings often came flooding back as they engaged in telling their story.

Data Analysis

Case files were constructed which included interview transcripts and case notes. Each case file was reviewed and an abstract was written which consisted of simple, factual statements of the study participants' views. A lengthy memo was then written to summarize the abstracts. This provided a broad, general description of the themes and patterns described by participants' accounts of the overall adoption process. As well, a case by case chronological matrix of the adoption process was constructed as another way of grouping these themes. This is included at Appendix F. This was done to confirm or verify the initial premise of the focus of the research study and the findings in the preliminary literature review. The focus of the study was then limited to the period of time perspective adopters waited between completion and approval of the adoption homestudy and selection of a child for adoption placement.

Having placed boundaries on the focus of the study limiting it to one specific stage or period in the adoption process, further qualitative analysis was done which was more

rigorous. This process utilized three concurrent flows of activity defined by Miles and Huberman (1984, pp. 21-22) as data reduction, data display and conclusion-drawing/verification. Data reduction involved a line-by-line analysis of interview transcripts and the generation of categories and codes. This is a process which breaks the data into pieces and through constant comparison, forces the generation of codes and allows for their conceptualization. Data display methods such as dendrograms and matrices were constructed to assist in organizing the raw data and reaching conclusions about coding categories and their relationships. Memo writing was used throughout the analysis process to develop and define coding categories and theories about their relationships as well as to develop and define the emerging core category. These concurrent activities were used to compare and contrast the data, arrange the categories into codes, develop and establish the relationships between the categories, and develop a logical chain of evidence and determine temporal order.

During the analysis process the core category emerges as the central phenomenon around which all other categories are interrelated. The core category prompts a selective focus in the definition of other categories as much as they prompt the emergence and selection of the core category.

Use Of The Literature

Strauss and Corbin (1990, pp. 50-53) suggest that the literature may be put to a variety of uses: to identify previous research in the area of study; to establish the background of a situation and stimulate theoretical sensitivity; as secondary sources of data; to stimulate questions; and as supplementary validation. In this case, the initial literature review served two functions. It established a gap in knowledge and understanding of the aspect of waiting for adoption. As well, the literature provided

descriptive hints about the waiting experience and information about trends and changes which have lengthened waiting times for adoptive parents. This served to heighten interest in this situation. During data analysis procedures, the literature search was broadened to stimulate questions about emerging patterns and themes and as a comparative tool to generate hypotheses and validate findings.

Ethical Issues

Interview participants were promised confidentiality, in so far as neither their names, nor any other identifying information would be included in the research report. This required removing a good deal of detail from the transcripts and is one reason why full transcripts of interviews have not been included in the appendices of this report. For each family interviewed, the process of adoption had unique aspects. As much as possible, the details unique to these families was deleted. It is possible, however, that members of the adoption community in Saskatoon would recognize and be able to identify participants on the basis of quotations used, specific concerns expressed. To delete all would be to lose important information valuable to the study. Permission was offered by most of the participants to include any information which was deemed valuable to the study, including identifying information if necessary. Nevertheless, caution has been used in reporting.

Reliability And Validity

In my experience with adoptive families, story telling is a common practice. In telling their stories to one another and to their children as the family grows, they give meaning to themselves and their experiences. In posing the initial interview promptor, "Tell me your adoption story," study participants found themselves in familiar territory and responded to an interested audience. As previously reported, all the study participants had

a prior acquaintance with me. It is possible that in telling their stories, they may have consciously or unconsciously been influenced by previous contact or by the information presented to them about the nature of the study. Self-reports may not always be accurate and in a retrospective study such as this one, causal connections may have been forgotten or influenced by the passage of time. It is possible that information was withheld or omitted during the interviews. Interview participants were advised both verbally and in writing that they could refuse to answer any question asked of them during the preliminary stage of the interview. Although no one overtly refused to answer any question, I am aware that there may have been omissions made in responses. If deliberate omissions in responses were made by some or all of the study participants, I am of the opinion that those omissions were important enough to the participants to be withheld and that this deserves respectful acceptance.

Without a body of previously developed and researched knowledge upon which to base comparisons of the findings of this study, it is hard to make firm statements to their validity.

Limitations Of The Study

The sample of nine cases represents a very small proportion of adoptive parents who are served by one regional office of Saskatchewan Social Services and by Christian Counselling Services. The findings represent only the study participants' experiences in waiting for adoption. The study sample is a small self-selected group which limits the generality of any findings. The findings are further limited by the disadvantages of the reliability of self-report of prior events which may be influenced by the passage of time between the events and the data gathering process. Interview guides are less rigorous than other forms of data collection methods and are subject to differences in ordering of

data collection and possible omission of topics. From the outset, there has been no intent to generalize the findings of this study to the broader population of adoptive parents. While these findings cannot be generalized, they may be used to guide further study of the issue of waiting. It is acknowledged that the study participants had waited for adoption during a period of time when there were a number of significant changes in adoption policy and practice as well as at the low ebb of the decline in numbers of children available for adoption. Without a basis for comparison, it is not known whether this broader environmental context made any significant difference to their experiences.

CHAPTER FIVE

PRESENTATION OF FINDINGS

Introduction

The purpose of this chapter is to present the findings of the study and is organized in two sections. The first part provides a description of the overall process of adoption as experienced by the study participants. The second part presents the findings of the study which focus specifically on the experience of waiting during the period between homestudy completion and approval and the selection and placement of a child.

PART I: The Adoption Process

A lengthy descriptive memo of the themes and patterns described by participants' accounts of the overall adoption process was composed from case file abstracts and a case by case chronological matrix of the adoption process was constructed. This is included at Appendix F; a summary matrix is presented below at Table 5.1. This was done to confirm or verify the initial premise of the focus of the research study and the findings in the preliminary literature review. The focus of the study was then limited to the period of time perspective adopters waited between completion and approval of the adoption homestudy and selection of a child for adoption placement.

Table 5.1

CHRONOLOGICAL SUMMARY OF THE ADOPTION PROCESS

	First Time Adopters	Second Time Adopters
Decision to Adopt	Indecision/Procrastination/ Spousal Differences	Certainty/ Spousal Agreement
Application & Waiting List	Resignation to Waiting/ Ambivalence	Waiting Expected/ Uneventful/ No Wait for Some
Homestudy	Making Progress/ Purposefulness	Moving Ahead/ Wasting Time
Approval	Expectation/ Validation	Expectation
Waiting for Selection	Getting Ready/ Uncertainty	Getting Ready/ Uncertainty
Selection	Waiting Ends	Waiting Ends/ Unexpected Delays
Placement		Waiting Ends

Deciding To Adopt

Waiting for adoption is one aspect of an overall course of waiting for parenthood which begins prior to the adoption application with the decision to become parents. During the course of the married lives of many of the study participants, the decision to become parents centers on issues of how soon to have children and how many to have.

We always wanted children. [My husband] said at our wedding reception we would have four children... We decided to wait for children, I was married at 23. I wanted to start our family when I was 25 but by then [my husband] wanted to wait longer. I decided then I wanted a baby by the time I was 30. I reminded [my husband] when I reached 28 and we both agreed [to start our family] then. And we decided we wanted the baby to be born in June.

Interrupted by infertility, this course is delayed while medical advice, testing and treatment are sought. When this is unsuccessful, adoption may seem to be the only option available through which to achieve parenthood. This decision prompts the beginning of a new course, that of the transition to adoptive parenthood. This course is often constrained by agency demands and requires the successful crossing of agency boundaries - application registration, waiting lists, adoption study, approval, waiting for placement, placement and finalization.

The decision to apply for adoption required a process of negotiation between spouses for first time adopters. For many of the study participants, the first application for adoption was made during the course of seeking treatment for infertility; some delayed making an application until they had reached the conclusion that conceiving or bearing children was not possible for them.

I think one thing was that when we first applied we still had hopes of having children of our own. But as the time went on and we realized that wasn't happening.

Well, we'd been married for about four and a half, five years, and we'd been through a long wait to start our family up to that point, so in that sense we were already waiting before we put our names in for adoption.

For those whose applications were placed on waiting lists, little attention was given to the adoption plan during that period of time. There was a sense of fairness and equity in waiting one's turn for adoption that accompanied wait-listing and for some, this period of time was spent pursuing further medical treatment for infertility.

Personally it wasn't something I thought about, you know.... Then there were the letters - oh, yeah, right. It's just another year off, we've got another four to go.... I didn't consider that a wait, it wasn't close enough. ... at first it didn't really matter.

For applicants on the waiting list for healthy, majority race infants, the semi-annual letters were reassuring; they provided an ongoing source of information and a continuing acknowledgment of the application. Couples who applied for Special Adoption did not receive letters, but also expressed a sense of fairness in waiting; most applicants for Special Adoption did not wait at all, but rather were released for homestudy upon making an application. At the opening of Christian Counselling Services Adoption Program, two of the study participants applied immediately and their applications with this agency were accepted for homestudy without a waiting list period. Other study participants, who delayed in approaching Christian Counselling Services, discovered that this agency was no longer accepting applications when they called to express their interest in making an application with the agency.

Homestudy

The adoption homestudy presented an opportunity to actively pursue the adoption plan. Couples adopting for the first time all found the adoption homestudy process was beneficial, informative and a useful, purposeful process. It assisted them in clarifying their decision about parenthood through adoption and gave them a sense of actively working toward that goal.

Actually, the homestudy was great, we enjoyed it, we had a very good experience.... I didn't enjoy it all, mind you. It was educational for me, getting into yourself and thinking about things. In that way it was good.... It went by fast. We did it in five months.

For me it meant we were finally on our way - the light at the end of the tunnel.

It was the chance to do something. You spend so much time doing nothing. It gave us a chance to really do something for a few months that really was involved in the adoption and it gave us a boost.

Some of those entering a second adoption study, however, experienced frustration with the length of the process and felt it was often going through the motions without the same sense of purposefulness.

It took quite awhile longer than it should have - the second homestudy. And ours was still current, really it was within a two year period and it didn't feel that we had accomplished anything - nothing new for us and really, nothing new for Social Services.

I was surprised we had to go through it all again ... I didn't see a whole lot of reason ... it seemed rather useless...

Waiting For Selection And Placement

All participants in the study identify the most difficult stage in the transition to parenthood by adoption is the period of time between homestudy completion and approval, and selection for placement or placement of a child.

But it was worse after [the homestudy] was done, and it was finished.

And that wait from the homestudy until we got a placement was harder than the three years previous.... It was quick and yet that was the longest probably six months of the whole time because once the homestudy was done, just waiting for the phone to ring like you just knew it could be any time.

The hardest part started after the homestudy was done because all of a sudden it really could happen. Before then we really didn't think much about it.

When you start waiting, that's when you start listening when the phone rings. Is that going to be [our social worker]? Is she going to have some information?

The experiences of study participants confirms the suggestions made in the literature as cited in Chapter One. The transition from approval to placement is the focus of this study. Approval marks a critical juncture in the overall process which signifies successfully crossing an agency boundary. Crossing this boundary validates the adoption plan and the couple's desire to become parents. Although approval is required by the agency, it is not a guarantee that a placement will occur.

Coping with uncertainty is the central issue for waiting adopters. This is the most compelling theme and pattern which emerged from the data and which was consistently experienced by waiting adopters.

It's like playing football on a soccer field with a baseball.
We didn't really know what was going on and we had to feel
our way through the game.

There was never anything definite.

I never knew if I was doing the right thing.

This period became the focus of the study and will be discussed further in Part II of this chapter.

Selection And Placement

Upon hearing the news of a potential placement, adoptive parents move to a new stage in the overall process. This marked the end of waiting for most study participants; for others, the actual placement ended the waiting. It is, at this point, the couple's energies become focused to new set of problems and tasks; it is action oriented and time

limited. There is direct contact initiated by the agency social worker and access to information becomes more readily available. Although some study participants experienced unexpected delays or frustrations during the period of selection of a child and placement, they all agreed that the waiting was over.

The worst part of the waiting stops with the selection.... Now it's the anticipation, the excitement, the reality. The worst part of the wait does stop there then it's more anticipation.

Yeah, you know a due date. That wasn't waiting to me. The minute we had the interview and the selection was confirmed, to me that was it, it was over.

Once we were picked, as far as I was concerned, we were parents, it was just a question of one or two weeks.

Summary

The initial decision to adopt emerges from the recognition of infertility problems. For first time adopters, spousal differences and indecision about adoption may delay making an adoption application. Second time adopters apply with greater certainty and unanimity. For applicants placed on waiting lists, there is resignation to waiting periods. The homestudy process provides prospective adopters with an opportunity to actively pursue their plans and to confirm their decision to adopt. Most prospective adopters find this a helpful and valuable process; some second time adopters find the homestudy less valuable and experience frustrations, feeling it is wasting time. Approval brings agency confirmation and validation of their desires and prompts expectation and hopefulness. Waiting for the selection and placement of a child is consistently reported to be the most difficult stage in the overall process of becoming an adoptive parent. Once selection has been made and placement of a child has been proposed, most prospective adopters view the waiting stage as ended.

PART II: Waiting For Adoption

Introduction

Having reviewed and analyzed the interview data to explore the overall course of adoption, the waiting period became the focus of more intense and thorough analysis. This section presents the findings which resulted from those efforts.

Line by line analysis of the data produced the development of a number of preliminary codes; the use of dendrograms assisted in sorting and clustering these codes into categories and subcategories. In the initial phase of coding the interview transcripts, a variety of activities predominated the waiting period; these were coded and then reviewed for similarities and differences. The similar codes were then listed as a group to determine a common element between them. For example, the following initial codes were listed together as they appeared to have similarity: information seeking, exercising restraint, instrumental action and mobilizing support. This then prompted a similar clustering of the codes, denial, distancing, redefinition fantasy/escape and self blame. The common thread running through these two clusters of codes was that they were all coping strategies undertaken to reduce the stress of uncertainty. The common thread prompted the merging of these two categories into the category of Coping. This merging brought the categories to a level of abstraction that maintained the similarities and was broad enough to include the variety of actions reported. An abridged dendrogram data display of the category, Coping, is included below (at Figure 5.1) to demonstrate the clustering and ordering of this category and its subcategories; a full data display of this category coded Coping is provided in Appendix G.

Figure 5.1

ABRIDGED DENDROGRAM DATA DISPLAY
CODING FOR THE CATEGORY
COPING

-looked for newsletter stats	} Information	}	
-talk to other people	} Seeking	}	
-we contacted [another agency]	}	}	
-we just sat and waited	}	}	} Problem
-I tried not to bug them	} Exercising	}	} Focused
-set dates for phone calls	} Restraint	}	} Coping
-prepare the nursery	}	}	
-explore other options - cover all the bases possible	} Instrumental	}	
	} Action	}	
-applied to private agency	}	}	
-talk to each other about it	}	}	
-joined SAPA	} Mobilizing	}	
-talking to spouse or a friend	} Support	}	
-talk to someone who's experienced the same kind of thing	}	}	
-nothing was happening to me, eh, I thought, why worry	}	}	
-I was frustrated for [my wife] not for myself	} Denial	}	} Emotion
-if it happens, we'll think about it	}	}	} Focused
-overwork so you wouldn't think	}	}	} Coping
-I got very angry, with [husband]	} Distancing	}	
-doing things just as a routine, in a plodding kind of fashion	} Displacing	}	
-prepared to accept one child was enough	} Redefinition	}	
-go to [the nursery] and sit with one of the teddy bears	} Escape/	}	
-look at the baby stuff and think, someday it's going to happen	} Fantasy	}	
-felt we failed, we weren't good enough; I felt rejected	} Self blame	}	
-knew it would be my fault	}	}	

Identifying and labeling the primary actions as Coping led to the writing of a series of memos in the form of questions and hunches about the causes and conditions related to these activities. This led to the further clustering and coding of new categories. Two themes emerged from the data during the course of analysis. These were Uncertainty and Time. They were mentioned, described and referred to repeatedly by all study participants and appeared to over-arch the course of the period of waiting for adoption. Of the two themes, Uncertainty was selected as the core category. While pursuing the concept of Time as a core category was enticing, the decision was made to maintain this theme as a dimensional property of the core categories and subcategories. This was done to limit and focus to study and to keep data analysis manageable. Glaser refers to the necessary selection of a core category:

Yet another delimiting function of a core category is its requirement that the analyst focus on one core at a time. Thus if two core categories are discovered (or worked on before another emerges) he can choose one - being sure of its relevance - and demote the other by filtering it into the theory as another relevant near core, but not core variable (Glaser, 1978, p. 93).

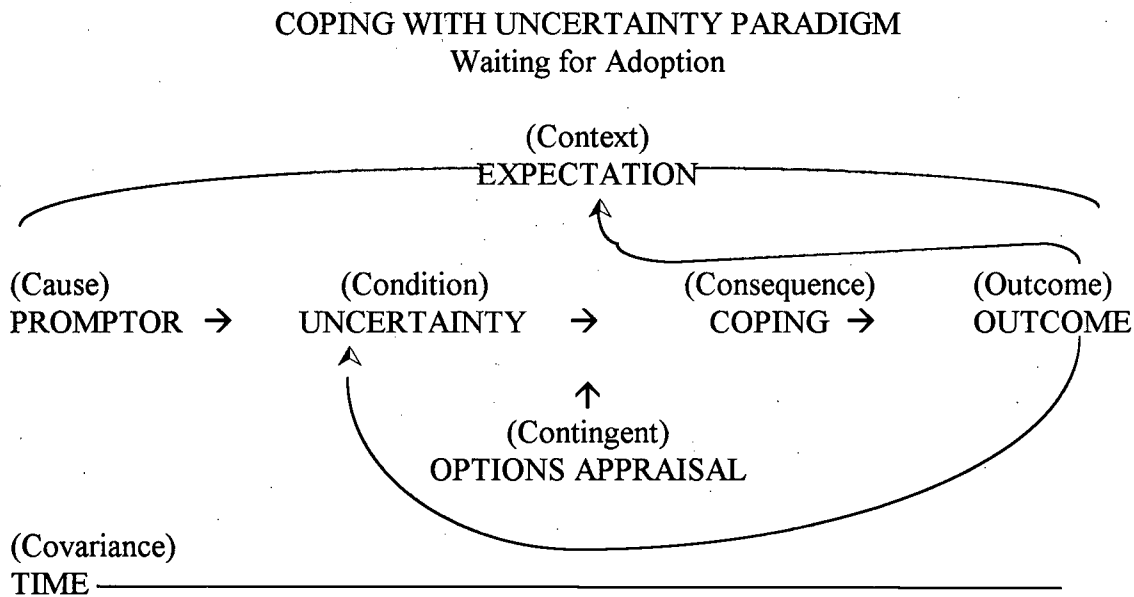
With Uncertainty selected as the core category, other categories began to take on a temporal order and meaningful relationships to one another. Process matrices were developed to test hunches about these relationships. For example, in developing the category labeled Promptors, it became evident from the data that a variety of events occur during the waiting period which heighten sensitivity to uncertainty. A Cause and Effects Matrix was used to explore the relationship between the category, Promptors, and the category, Uncertainty. A excerpt from this matrix is displayed below in Figure 5.2.

Figure 5.2

CAUSE and EFFECTS MATRIX PROMPTOR and UNCERTAINTY of TIME		
PROMPTOR		UNCERTAINTY
daughter's birthday	=	all of a sudden it's 3 years if we wait any longer it will be too late
going to a barbecue	=	can't help thinking if it were only 3 months from now maybe we'd have our son
coming up on a year	=	how much longer?
6 mos after homestudy	=	how much longer?
daughter kept asking	=	don't know what's happening/ how much longer?
Father's Day	=	maybe next year at this time
Christmas	=	is it almost over?
family asked a lot	=	how much longer?
people asking	=	think how much longer

A paradigm was developed to diagram and demonstrate the relationships between the categories as they related to the core category of Uncertainty. This essentially reduced the stories of the participants to a general theoretical abstraction which was congruent with the experiences reported and broad enough to allow for individual variation. The construction of this paradigm required a process of explicating the story line, developing a diagram which relates the subsidiary categories around the core category and validating these relationships against the data.

Figure 5.3



The construction of this paradigm required determining the dimensions and properties of the categories and giving them temporal order. A story line was developed and checked against the data for fit. An example drawn from direct quotes from the interview transcript of Case #9 is presented below:

Promptor:

Plus my mother didn't help. Every time she would talk to me, she would say, "Maybe you should try again. How long are you going to wait? Maybe you should see another doctor."

Uncertainty:

I never knew if I was doing the right thing. It was really hard not knowing where you stand, having no idea where you are and what's going to happen and could it be this month or not?

Options Appraisal:

If I phoned [my social worker], she wouldn't know. Sometimes she couldn't even talk to me, she was in a meeting or you know. It was difficult. I would have to wait a couple of days to get through to her.

Coping:

I started calling [the Central Registry worker].

Outcome:

She really helped me; she was always reassuring. Somehow I felt I was getting there; I figured we were getting closer. Whenever I got off the phone, I used to feel so good.

Waiting for adoption is a state of readiness for an event which is desired, expected and as yet unrealized. Uncertainty is the central issue for waiting adopters. This is the most compelling theme which emerged from the data. It dominates the process and experience of waiting. Prospective adopters enter the waiting period with the expectation of a selection and placement of a child. As time passes and life events unfold, they are prompted to doubting or becoming uncertain about when or whether a selection and placement will take place. This state of uncertainty is managed by considering options and resources available and implementing coping strategies. The outcomes of coping behaviors may reduce uncertainty and reaffirm expectation or may increase uncertainty and require renewed or revised coping efforts.

Expectations

Expectations are comprised of conclusions drawn about certainty of the desire to adopt, agency affirmation of this desire as indicated by completion and approval of the homestudy and an anticipated length of time. Having been tested during the homestudy

and gained the recognition and status of an approved adoption resource, applicants enter the waiting period fully expecting to achieve their goal. At this point, prospective adopters have an expectation that a selection and placement will occur and they develop views of the normal, or typical, anticipated course of waiting. Because they cannot be certain about when a selection will be made, they endeavor to develop views about the length of the wait. In developing a schedule for the event of selection and placement, a temporal structure is imposed upon a situation which is uncertain. These time frames are based upon their knowledge of what has happened to others in the past, their own prior experience with adoption, and their perceptions of the current situation about the availability of children. First time adopters initially tend to rely upon their social workers for information or predictions about the length of the wait. Second time adopters initially tend to expect both the course and the length of the wait to be similar to their prior experience in adopting. For some, conclusions about waiting times are based on both available information and a somewhat arbitrary schedule.

We knew [the agency social worker] could not predict the waiting. But they told us we are a highly sought after home.... So I thought it would be like before.

We were going to give the waiting period two years. Because if we gave it two years and it happened sooner, we would be okay and if we gave it six months and it didn't happen, then we'd have to...

... we'd have to make a decision to say, that's it. When we said two years...

We really hoped it wouldn't be. We probably didn't think it would be two years. Then we had two years to wait and that's within reason. If it didn't happen in a year then we'd still have another year to wait so we weren't going to get all worried or anxious...

We didn't want to set up goals that were unobtainable. Two years - that's obtainable and neither of us likes to set goals we can't reach.

Uncertainty

For waiting adopters, having no definite knowledge of when or if a placement may occur creates a sense of uncertainty and renewed perceptions of the loss of control over their lives which echoes that experienced during the process of infertility treatment. Uncertainty is a lack of sureness about someone or something and has a range from falling short of certainty to an almost complete lack of definite knowledge, especially about an outcome. The need for certainty was expressed:

You have to have something to grasp onto to know you're still on the list.

At least you will know you haven't been forgotten.

You need to know where you stand.

Study participants describe uncertainty as a combination of doubts, suspicions, fears and frustrations. Uncertainty focused on three issues: doubts about self, about others, and about time.

Self:

We'd see placements happening. We'd know our name was in there. Why wasn't it us? What was there that was wrong with us?

Am I too old already?

We wondered what there was about us. Why are we being passed over?

You start trying to find out things that could be wrong with you - why you just don't match.

Others:

We weren't sure that [our social worker] was competent, in fact we really thought she wasn't, but that applies too to the people in the registry who are supposed to be making matches.

I think the whole doubt thing is based on the fact that someone else has control of your life.

They've got your life in their hands and you don't know if they know what the hell they're doing.

Time:

There were never any definites, or times for anything.

Knowing that you're approved, but...how long is this going to take and why is my life on hold? Indefinitely. And I don't know if I'm ever going to get a child.

Someday, it's going to happen someday, but until that day, that someday seems like it's never going to happen.

Infant adopters most frequently experienced uncertainty about themselves while they waited for selection and placement. Doubts about themselves were particularly stressful for those who had applied for open adoption or after Social Services policy changes allowed for birth parent selection of adoptive parents. Uncertainty about others focused primarily on social workers and agencies and was experienced most often by Special Adoption adopters. Uncertainty, which focused on the issue of time, was experienced across the entire sample population.

Promptors

A variety of events prompt uncertainty and particularly heighten awareness of the passage of time during the waiting period. These incidents may be expected or unexpected; they include meeting personal deadlines, being asked by others about the

adoption plan, receiving information about placement trends, being informed of agency policy changes, hearing about others who had received placements, attending family gatherings, facing the prospect of a job transfer and celebrating anniversaries and holidays.

It's really just a waiting game.... Some things nudge it or bring it closer to the fore - the silliest things like going to a barbecue and other families are there and you think if it was just three months from now maybe you'd have your son. Not that you aren't having fun, you are, but you can't help thinking...

I guess knowing that you'd been approved and that you were still waiting and coming up on a year. It was like I'd missed another year of opportunities. All the things we could have done this year we can't do now, we have to wait til next year. That was the hardest period for me - about a year after the homestudy was completed.

People kept saying, wouldn't it be nice if you got your baby girl now, then they'd be the same age. And then the people across the street had a girl 2 years ago too. She's two years last May. I hope you get your baby soon, you know, they kept reminding us.

Holidays generally associated with children, such as Christmas, were particularly provocative reminders of the passage of time and the unmet desire for parenthood.

By far, the most frequent promptors came from questions posed by friends and family. While prospective adopters acknowledged these promptors emerged out of genuine concern and efforts to be supportive, most waiting couples found themselves feeling frustration and sometimes anger over these constant reminders of their unmet desires. These promptors underscored the passage of time prompting the applicants to question the process or themselves as well.

But another thing with waiting was that you always have people asking you, "Have you heard anything." "Well no we haven't." And you kind of get a little negative even though you know that they have your best interests at heart. And then when they do ask you, you wonder, yeah, what is happening?

As well, these events may serve to prompt a growing sense of isolation or abandonment by the agency.

After we did the homestudy, they [social workers] never talk to you anymore, you don't get letters, nothing.

It was worse after [the homestudy] was done. It's because then they drop you. You never hear from them again, ever. No contact at all, it's sort of like you don't exist now.

These events serve as reminders of the passage of time which prompt questioning, doubts or suspicions and increasing strain as expectation disappointments accumulate and resources for maintaining tolerance of uncertainty become taxed.

Coping

Coping is used to manage feelings of uncertainty and includes a variety of strategies activated to reduce the strain of uncertainty. These behaviors may be problem-focused or emotion-focused. Problem-focused coping strategies include information seeking, taking instrumental action, mobilizing support, or exercising restraint. Of all the problem-focused coping behaviors, information seeking is the most consistently and repeatedly employed by waiting adopters. Information seeking is characterized by efforts to obtain knowledge about placement trends, availability of children eligible for adoption and options for alternatives to agency adoption. It includes contacting agency social workers or other adoptive parents and serves the purpose of meeting a need to maintain

contact and affirm expectations. Information was sought primarily by telephone contact with prospective adopters' social workers. Some study participants gained information by telephoning other social workers at the Provincial Adoption Registry and at the National Adoption Desk in Ottawa. The Saskatchewan Adoptive Parents Association was another important source of information. Most study participants attended general meetings; those who were members of the organization received monthly newsletters which usually included a statistical report of placements made during the previous month.

Instrumental action is characterized by taking steps to get ready for the arrival of a child, or increase the prospects of a placement by making changes to the initial application or applying to another agency. Instrumental action serves as a reassurance of the expectation and often provides physical evidence of moving ahead with the plan to adopt.

Moved to a larger house.

Didn't take out-of-town work ... I didn't want to miss the phone call.

We prepared the nursery. To me that was a reassurance that it was going to happen.

We made sure we had one room in the house that could be easily and quickly turned into a nursery.

We contacted [another agency] and registered with them.

I always read the newspaper for sales; so now I started reading for cribs, walkers and car seats.

Mobilizing support is characterized by reaching out to others for reassurance, encouragement or comfort. It also includes maintaining or developing resources for new or continued sources of information. Although agency social workers were sought for

support by some of the participants, the primary sources of support are other adoptive parents - particularly those who have experienced waiting strain - and spouses.

[Our social worker] helped us with out anxiety, cheering us on to stick in there.

Just as I was at the end of my rope, [other adoptive parents] would come along and say, 'No, calm down, it will happen eventually. Don't throw it all away, it's been too long.'

SAPA was really helpful because you were able to talk to them about [waiting] - other people who have gone through it and they even had kids to prove it.

Exercising restraint is the act of setting limits on action and utilizing self-discipline or patience. It is often combined with other types of problem-focused coping strategies. Exercising restraint is motivated by the perception that nothing more can be effectively done or that further action would prejudice the anticipated outcome.

It was painful to know we would have to wait so long, but we knew there was nothing we could do about it. So we just sat and waited.

We kept in touch with [our workers] but I tried not to bug them.

If you're phoning, you don't want to phone too many times.

Another type of coping behavior is emotion-focused. These behaviors include denial, distancing or displacing, redefinition of the strain, using fantasy, or self-blame. For some of the study participants, the cognitive process of emotion-focused coping effectively reduced the stain of uncertainty and these behaviors appear to have been employed in the face of a perception that problem-focused coping behaviors have been exhausted.

Denial was most often employed by men who reported that this coping behavior had been effective in their career transitions.

I'm more philosophical about it because I deal with things like that all the time at work - the what if's. If it happens, we'll think about it then.

Nothing was happening to me.

It kind of takes the pressure off, like you will deal with it when it comes.

In many cases, distancing or displacing the strain of uncertainty was used.

I would get into something else. I would just involve my time and absorb myself into something else and just be satisfied with something else.

You have to put your emotions on the shelf.

You end up doing things just as a routine, and in a plodding kind of fashion. I would. Just, overwork so I wouldn't think about it.

I was frustrated for [my wife], I wasn't frustrated for me.

When disappointments accumulated and uncertainty increased, redefinition of expectation, escape into fantasy or self-blame were used to help frame perceptions and strains of uncertainty.

I was actually prepared that if things got worse to worst that one child was fine. I had accepted that.

Once in awhile I would go in there [the nursery] and just look at the baby stuff and think, someday, it's going to happen someday.

I used to go up to [the nursery] and sit in the rocking chair with one of the teddy bears and say we're going to have a baby one day.

I felt like we failed on all these ones, we weren't good enough or we weren't this or that. It was all emotional at that level.

I knew if we didn't ever get a baby it would be my fault.

It was, forget it, we'll probably never get a baby, I'm probably too old already.

Options Appraisal

Coping behaviors employed are contingent upon an individual's subjective evaluation of the options available and the constraints, limitations, and accessibility of information or support. It is a means of weighing the perceived usefulness or potential effectiveness of a strategy against the potential risks involved in its implementation. Most adoptive parents believe that, at times, there is reason to fear jeopardizing their chances for adoption and this fear prompts them to carefully assess their options for coping. Study participants reported there was a strong sense of personal threat if waiting applicants phoned too often, revealed too much anxiety or complained about their social worker's unresponsiveness:

You're all on your own or you think you're all on your own and you don't want to shake anything up because you might get somebody mad and you won't get your kid.

We weren't assertive enough - especially about problems encountered with our social worker. I think part of it was because we really did think it would jeopardize our chances. If we phoned down and said we wanted another worker - and we talked about that a lot. We thought it would cause more problems than it was worth. And also if you're

phoning, if you phone too many times then the worker does have some control over what happens.

The agency social worker is perceived, in most cases, as having access to information, but who is difficult to reach, too busy to respond to questions, unknowledgeable and/or unsympathetic to concerns expressed about waiting strain. Even for those who perceived the agency social worker to be a valuable source of support and information, it is believed that caution and restraint be exercised in approaching the worker.

I feel like most [social workers] are too busy. They didn't have time for you.

If I phoned [our social worker] actually [she] wouldn't have as much information as I would. I would have more information because I would have the SAPA newsletter ... She wouldn't know. And sometimes she couldn't even talk to me or I would have to wait a couple of days to get through to her, she was in a meeting or you know - it was difficult.

She was going to do something, or look something up, and get back to you today or tomorrow or something, but it didn't happen for three or four days, ... or at all.

While most study participants found their social workers lacking, that is not the case for all.

We knew our worker was doing her best for us. ... And I didn't think there was anything more you could ask of anybody. ... We had absolute trust, there was never a problem. ... I imagine that if you couldn't trust your worker completely that that would really add to the stress of the situation. You have to be able to, you have to have some kind of rapport with your worker. What would you do? Everything the worker says, you'd kind of wonder. ... I always felt that whatever I had to say and whatever I felt

was valid. ... I do know that I never ever felt worried about saying how I was feeling in case I'd be rejected.

The agency itself is viewed to be more accountable for constraining and limiting access to information.

We didn't hear from Social Services itself, not on an official basis so that was lonely because you had no idea of what they were doing. Nothing to say that you're still registered. That always bothered me.

Social Services shirks their responsibility with waiting families. I think there's an obligation to maintain some kind of contact. Social Services has a responsibility. The system more than the social workers is unresponsive.

Because it's like any other system, things get bogged down and workers don't always get going on things when they could. ... Well, the workers are too overburdened and they don't have time to listen to every parent and that would just add to their frustration because they can't do anything about it. So that would add to their frustration and their workload. I think that's part of it - the wheels grinding comfortably along.

The Saskatchewan Adoptive Parents Association is a valuable source of information for most waiting adopters, particularly for those who found access to the agency difficult. The group provided monthly placement statistics for both Social Services and Christian Counselling Services. As well, it served to provide access to a network of social support of individuals who had experience with adoption and with waiting strain.

You get information quicker with them.
SAPA was our only source of information.

Actually what really helped was SAPA. I really looked forward to the newsletters every month.

Then through SAPA every month you see the statistics, and you go, whoaa, that's a low number.... But then you look at

it and you say to yourself that this is more information than you're going to get anywhere else.

And then through SAPA you do see couples for whom it does happen - and it does happen, there's proof that it happens. And that's encouraging.

The interest of family and friends was reported to be a source of support as well as of frustration. Adoptive applicants frequently found it necessary to educate friends and family members about the adoption process, particularly about the length of time the process was likely to take. In the case of some Special Adoption applicants, responses from family members or friends were guarded from the outset,

Most didn't understand, thought we were crazy to want damaged kids.

Nobody had anything good to say about interracial adoption.

Outcome

Study participants consistently reported that coping strategies were effective in reducing uncertainty while they waited. When outcomes of coping behaviors were deemed to be successful, the strategy tended to be repeated during the course of the wait.

I called once a month. She really helped me because she was always reassuring.... Whenever I got off the phone, I used to feel so good. I don't know what she did but somehow I felt I was getting there.

What was helpful was having information and when there was nothing new, nothing happening, even that was helpful.

It was helpful to call and get information - to get an idea of where you stand. I needed that.

And you just felt somehow like you are in touch with what is happening.

When coping strategies were unsuccessful, uncertainty increased. In one case where the couple actively pursued alternative resources for adoption such as applying to another agency and seeking to arrange an independent adoption, these strategies only temporarily lessened uncertainty. When their efforts proved disappointing, their feelings of uncertainty increased markedly.

It seemed like no matter where we turned, or what we tried, we were blocked.

The Impact Of Time

For waiting adopters, uncertainty arises from perceptions of doubt about self and/or others prompted by events and incidents and by the passage of time. The strain of uncertainty requires individuals waiting for adoption to frame or reframe perceptions about time, self or others. References to time were made frequently by study participants. Waiting is a process that occurs over time; it is bounded by time and is experienced as having specific starting and ending points. Time is an integral part of waiting. Not only is it part of the process, it is also a personal construction which defines, describes, has meaning and value. Waiting adopters used time to set the context of their experiences as they related to past, present and future. Early in the waiting period, time is segmented into arbitrary or informed periods as a way to reduce the uncertainty of when a selection and placement may occur. This is a personal construction of context; it informs and helps to define expectation. Constructions of time are also used to define and justify continued commitment to the wait or to justify consideration of ending the wait by withdrawing the adoption application.

I've waited too long now to give up.

Because we'd waited this long it seemed like it would be easier to withdraw.

Events or incidents which prompted uncertainty were often seen within the context of time and were reminders of the passage of time.

Time passing beyond expected time may be the most critical of promptors during the waiting period and increases sensitization to all other events which heighten uncertainty. All study participants waited for selection and placement of a child much longer than they expected, and all made a point of including this in telling their stories. Table 5.2 illustrates their reported expected times and the actual amount of time they waited for selection or placement. In the instance of Case #5, the adopting parents were waiting at the time of the interview and had not yet experienced a waiting time which exceeded their expectations.

Table 5.2

CASE BY CASE TABLE
OF WAITING
TIME EXPECTED AND ACTUAL TIME

Case #	Expected Time	Actual Time
First Time Infant Adopters		
4	1 year	2 years
7	1 year	3 years
9	2 years	3 years
Second Time Infant Adopters		
1	2 years	3 years
6	1 year	3-1/2 years
8	2 months	4 months
Special Adoption Adopters		
2	6-7 months	9 months
3	1 year	2 years
5	1 year	Unknown

A bivariate table of uncertainty by time was constructed (at Table 5.3) to test the hypothesis that uncertainty increases as the disparity between expected time and experienced time increases.

Table 5.3

BIVARIATE TABLE OF UNCERTAINTY BY TIME

TIME	UNCERTAINTY	
	LOW	HIGH
EARLY	#4 We were approved, knew it was coming; on our way #7 time to get ready; now it really could happen #9 approved, going ahead, first year was really easy #1 knew what was in front of us; gave it 2 years #6 getting things in place; it could happen anytime; complacent #8 approved; going to get a kid; really going to happen #2 reaching my goal #3 we don't have to worry	
LATE	#7 having a few doubts #2 you expect delays right from the start	#4 how much longer? end of my rope. #9 Am I doing the right thing? how long am I having to wait? no idea where you stand #6 what's going on; how much longer? #8 why is this taking so long? have we been forgotten? every day was hard #3 we were afraid; totally frustrated; ready to give up

Case #7 and Case #2 experienced the least amount of uncertainty strain. In both of these cases, the adopters had strong support systems. In particular they had positive, trusting relationships with their agency social workers and perceived they had easy access to support and information from their social workers. Their coping behaviors were varied throughout the waiting period and included seeking information and support from a variety of sources. In both cases, expectations were repeatedly revised in terms of the timing of a possible placement on the basis of consultation with the agency social worker. In case #7 (first time infant adopters), the couple set out a list of tasks or achievements to complete prior to placement of a child and worked steadily to "get ready" for parenthood. This effectively segmented their waiting time into small portions as they moved from one list item to the next. In case #2, a second adoption, the primary coping behavior was segmentalizing time into manageable portions by arbitrarily setting dates or deadlines for acquiring information from the social worker.

In other cases, coping strategies changed over time. Early in the waiting period, study participants engaged primarily in exercising restraint and/or forms of instrumental action such as preparing a nursery. When waiting times extended beyond their expectations, they turned more often to information seeking and mobilizing support. Three second time adopters gave consideration to ending waiting strain by withdrawing their adoption application. Spousal differences became more predominant for some couples as uncertainty strain increased.

The Impact Of Time And Perceptions Of Social Support

As expectation of time discrepancies became evident and uncertainty strain increased, the need for social support increased. This had an impact on perceptions of relationships with spouses, social workers, and other social support systems.

All study participants reported spousal differences in their responses to uncertainty strain. Wives tended to talk more about uncertainty strain and to engage in problem-focused coping strategies more often than their husbands. While wives were more vocal about uncertainty strain and spoke of "being at the end of my rope," or "unable to take this any longer," they were much less likely to give serious consideration to withdrawal of the adoption application as a means of ending the strain of waiting. Husbands tended to use denial and distancing more often. They reported themselves as having concluded "nothing could be done," and were more likely to immerse their time and energies in their working lives. With the passage of time, husbands were more likely to engage in self-blame and/or to begin to consider withdrawing the adoption application rather than experience uncertainty strain. Self-blame centered primarily on the issue of age and the growing perception that they could be considered by the agency or by birth parents as too old to adopt. For first time adopters, self-blame by husbands was also related to their initial reluctance to make an application for adoption, thereby delaying the entire process.

These differences prompted tensions between some couples when wives felt unsupported or unacknowledged in their uncertainty or in their efforts to cope. In most of these cases, couples found themselves addressing the tensions, talking it through, and reaching a better understanding of one another. In other cases, wives interpreted their husbands' denial behavior as a source of support and renewed certainty, "He was my rock, my steadying influence." Two couples reported they experienced uncertainty strain at different times during the waiting period and developed a pattern of mutual support and encouragement.

One day I'd be really down... and he would say, "That's all right, let's talk about it." And then he would be really down and I'd say, "Let's talk." We'd pull each other up.

These couples also tended to plan problem-focused strategies together. Most of the study participants acknowledged that the differences they encountered while waiting for adoption were similar to those experienced during their search for diagnosis and treatment of infertility.

Perceptions of social workers changed over time for most study participants. From the start of the homestudy process, one couple (second time adopters) consistently found they could neither trust or rely upon their social worker to provide accurate information or to follow through in completing tasks relative to their adoption application. All others reported they had developed and established a good relationship with their social worker during the homestudy process and felt a strong sense of trust and reliance on their social worker for information and support. This perception was maintained early in the waiting period, but diminished as uncertainty increased for all but three of the couples. Three couples found consistent access, support and information from their social worker throughout their involvement with the agency. Others found their trust of their social worker eroded and their perceptions of their social worker changed as the waiting time extended. One particular point of frustration, with social workers at Social Services, was that they did not have information about agency placements, while this same information was available from the Adoptive Parents Association. Efforts to obtain information and support from social workers had disappointing results and led most couples to believe that their workers did not understand their needs, were not well informed, were too busy for them or did not care.

The experience of support from family and friends was varied among study participants. Most special adopters felt their adoption plans were not highly supported or understood by their family and friends with the exception of friends who were also adoptive parents. These couples experienced no change over time in these perceptions.

Infant adopters perceived family and friends to lack understanding of the process of adoption, but initially felt supported and encouraged in their adoption plans. For many, this perception of support changed over time and questions or comments from family and friends became painful reminders of their unrealized desires for adoptive parenthood.

Contact with members of the Saskatchewan Adoptive Parents Association was viewed by all study participants as a consistent and valuable source of support and information which did not diminish over time, but instead, became more important as waiting time increased.

Impact Of Policy Changes

Two program policy changes at Social Services occurred during the waiting period of most study participants, open adoption and the Romanian initiative. These changes primarily affected infant adopters. Special adopters felt unaffected by changes in openness options. These options were not extended to older child placements at the time they were waiting and they were either in the process of a special adoption placement or were not sought out as candidates for the Romanian initiative.

All waiting infant adopters were aware of the possibility of open placements prior to the implementation of the change of policy. Some were already registered with Christian Counselling Services Adoption Program and had made their decisions about open adoption. Those registered with Social Services were asked to decide about openness options. All first time adopters elected to opt for full-open adoption, agreeing to personal contact with birth parents prior to and during placement of a child, as well as being willing to consider some form of ongoing contact following the adoption. All of these couples reported they had given serious consideration to the possible prospect of open adoption prior to the policy changes. Two couples had already indicated an interest

in open adoption and viewed it favorably. One couple had firmly decided they wished a traditional, closed adoption. When the policy changes were announced, they had already experienced considerable waiting strain. They opted for a full-open adoption on the belief that in not doing so they would be closing the door to the prospects of parenthood. One couple who were second time infant adopters decided to opt for all openness options except for ongoing contact. Their decision, too, was based primarily on their perception that if they did not agree to openness options, they would essentially be withdrawing their application for a second child. Decisions for open adoption prompted some infant adopters to explore other resources such as Christian Counselling Services or to actively pursue arranging an independent adoption.

The change at Social Services to open adoption gave parents an opportunity to read their homestudy reports and prompted them to give consideration to how they might be viewed by birth parents. Changes in the selection methods eventually resulted in increased uncertainty about themselves as they learned about infant placements and perceived themselves to have been rejected or passed over in the birth parent selection process.

When the special initiative for Romanian adoption was announced by Social Services, one couple quickly applied. Time was the primary factor in their decision; other considerations were centered on a series of disappointments with other options. This couple viewed international adoption as their last chance. Another couple entered into a period of considerable tension and disagreement about whether to pursue this option. Their differences remained unresolved as a selection occurred prior to their final decision about international adoption. Both couples viewed this as a last chance effort to secure a second child by adoption.

Summary

Prospective adopters enter the waiting stage at the point at which their homestudy has been completed and approved. Initially, they experience hopefulness and relative certainty about the outcome of their adoption application. Uncertain about when a child will be selected and placed for adoption with them, they gather information upon which to develop expectations about the length of the waiting period. Early waiting uncertainty is managed primarily by exercising restraint and making preparations for the arrival of a child by planning or preparing a nursery. As the waiting period lengthens and timing expectations are unmet, uncertainty strain increases. Information seeking and mobilizing support or denial and distancing are the primary coping strategies during the late stage of waiting. It is during this time that prospective adopters' sensitivity to promptors of uncertainty heightens, efforts to seek information are disappointing, and uncertainty may become more focused on whether the adoption will take place than on when it will occur.

Coping with uncertainty is the central issue for waiting adopters. This process is one in which promptors of uncertainty arise out of events which are seemingly harmless to outsiders and which heighten sensitivity to time and to the unmet desires for parenthood. Coping strategies for managing uncertainty strain are appraised and employed. The outcomes of coping behaviors may reduce uncertainty and reaffirm expectation or may increase uncertainty and require renewed or revised coping efforts.

Discrepancies between expected time and experienced time are a key determinate of uncertainty strain. Study participants who experienced the least amount of uncertainty strain, consistently and repeatedly revised their timing expectations on the basis of information search.

The purpose of coping is to reduce the stress of a situation which is perceived to be largely unamenable to change. While some adopters did make efforts to change their

situation by seeking new avenues of adoption such as international adoption, changing to open adoption options, applying to another agency or actively seeking an independent placement, these efforts were made late in the waiting period and were not always successful. Some considered withdrawing the adoption application in order to end the uncertainty, but there was considerable reluctance to take this step and disagreement among spouses.

All study participants acknowledged spousal differences in coping strategies which may be gender related. Men tended to avoid uncertainty strain; women tended to employ problem-focused coping strategies. Perceptions of the availability of social support tends to erode over time for waiting adopters who experience frustrated efforts to obtain information and support. Friends and family members are usually found to lack understanding of waiting strain and social workers are found to be not well-informed. Spousal support and other adoptive parents are the primary resources for emotional support. The Adoptive Parents Association plays a major role in providing an ongoing source of information.

CHAPTER SIX

DISCUSSION OF FINDINGS

Introduction

Waiting times in adoption have increased steadily over the past decade. While the adoption literature reveals a consistent theme of waiting as stressful, this aspect of the adoption process has not been the subject of research. In the search to corroborate the findings of this study, efforts became directed to fields outside adoption.

Time

While waiting times varied greatly for study participants, the experience of waiting, the stresses encountered and the efforts to manage were largely congruent. While a physical time perspective does not appear to be a key determinant in the experience of waiting, a social time perspective may provide a more appropriate view. LaRossa (1983) defines the properties of physical time as quantitative, continuous, homogeneous, and objective; and social time as qualitative, discontinuous, heterogeneous, and subjective (p. 580). A social time perspective can result in physically equal segments of time being socially unequal or the reverse, of physically unequal segments of time being socially equivalent. Lauer (as cited in McGrath, 1988, p. 27) distinguishes "social time" from "clock time." Clock time is defined as an external, nonsocial referent; social time, on the other hand, is related to patterns and orientations of social processes. "Social time grows out of social relations and behavior and is influenced by the histories, feelings, beliefs, and desires of people (ibid.)." Aldous (1978) describes "social clocks" as individual constructs which prescribe proper time sequences and age appropriate behaviors. She writes, "Men and women know whether they are early, late, or on time with the social timetables of

occupational and family careers (p. 102)." Neugarten (in Carter and McGoldrick, 1980, p. 5) reports that life cycle events which occur "off time" are more likely to be traumatic than those which are anticipated and on time. Pearlin (1991, p. 332) writes, "an event easily anticipated and prepared for under usual circumstances, can, under unusual circumstances of time and meaning, become cloaked in uncertainty and doubt."

For most couples, the transition to parenthood is a relatively short course beginning with the decision to conceive or the discovery of a pregnancy and ending at the birth of a child. The transition to adoptive parenthood is attenuated by the discovery of infertility, resolution of infertility losses, and the decision to adopt. Prospective adopters who have successfully completed a homestudy and gained agency approval of their desire to adopt, enter the waiting period late in the course of their family careers. As they wait expectantly, they find themselves on a time track which is increasingly long, uncertain and one over which they have little or no control.

Lyman and Scott (in LaRossa, 1983) define time tracks as "direction-giving tracks of meaning upon which humans travel through life, time segments which are socially constructed ... to mark the beginning or end of things (p. 585)." They maintain that time tracks may be viewed as within one's control (humanistic) or outside one's control (fatalistic) and that they may be long-term or short-term. Long-term time tracks have the property of being slow and sometimes plodding while short-term time tracks are often more intense and frantic in pace. The time track of waiting adopters is one which is largely fatalistic. As it progresses, it takes on a lingering quality which becomes increasingly stressful. Waiting adopters lose their sense of motion through time; they experience a sense of being derailed, left behind, and unable to move forward. Waiting stress is dependent upon expectations, the value and commitment to the plan for adoption and the meaning of time. For waiting adopters, time is not measured so much in days,

weeks, or months as it is a cumulative passage of events and non-events which prompt a heightened sense of time and uncertainty. Uncertainty and loss of control over their life course cause stress for couples who wait for adoption.

This experience echoes that of infertile couples who feel caught on a treadmill of testing and treatment which is unsuccessful (Houghton and Houghton, 1984). Being infertile in a fertile world heightens sensitivity to the passage of time as a childless couple. Salzer (1986) reports that distressing reminders occur frequently when couples' peers announce pregnancies, host baby showers, or when family and friends ask intrusive questions, and offer advice and unwelcome comments. She also reports that holidays such as Halloween or Christmas where there is an emphasis on children, prompt couples to take stock and usually find themselves feeling that time is passing them by. The non-event of a pregnancy serves as a continuous monthly reminder of unmet desires.

For waiting adopters, promptors similar to those experienced during infertility testing and treatment, heighten the awareness of time. No longer waiting for a pregnancy, time stretches on and on. Couples also become aware of non-events during this period as they await contact from their social worker and this does not happen.

Stress and Coping

Richard Lazarus' (Monat and Lazarus, 1991; Brodzinsky, 1990; Boss, 1988) transactional model of stress and coping defines the management of stressful events as a cognitive-phenomenological process which incorporates cognitive appraisal, coping strategies and social context. Individual appraisals play a key role in defining how stressful a situation will be. Perceptions of both the stressfulness of the event and resources for coping ultimately define the stress. This model emphasizes cognitive appraisal in two forms. Primary appraisal is the individual assessment of the level of

personal harm, loss, or threat to well-being of a situation or event. Secondary appraisal is individual assessment about what can effectively be done in response to the perception of threat. This is a process of considering and making judgments about two forms of coping strategies, problem-focused and emotion-focused. Problem-focused strategies are directed primarily outward to manage or change the stressful situation; these strategies may also be directed inward to alter motivations, beliefs or aspirations. Emotion-focused strategies are employed to manage emotional responses and direct individual defense mechanisms. Appraisal and coping are highly influenced by individual values, commitments, goals, and personal beliefs about self-esteem, mastery, sense of control and interpersonal trust as well as environmental demands, constraints and social support (Brodzinsky, 1990, p. 6). Roskies (1991) reports that individual appraisal that a stressful situation exists initiates a complex process:

Immediately there is an effort to reduce the feelings of disturbance, by seeking to change either the situation, the person's reactions to it or both. This coping effort and its consequences will itself change the person's appraisal of the situation, which in turn, will itself alter the subsequent response, and so on. Thus, stress is not a fixed person-environment relationship but an evolving process, involving multiple appraisals and reappraisals (p. 419).

Folkman and Lazarus (1991) maintain that effective coping is influenced by the temporal ordering of coping strategies. Initially, it may not be known if stressful situations themselves can be changed; it may be more effective to employ problem-focused coping to determine realistic options for coping.

If avoidant or denial-like processes are called into play prematurely, they can interfere with the information search and thereby prevent realistic appraisal of the options for coping. Denial-like coping, distancing and positive reappraisal are likely to be useful when they follow an

information search that reveals an outcome is not amenable to change (p. 225).

Singer and Davidson (1991, p. 45) report the key variables in the intensity of the experience of stress are predictability and perception of personal control.

The Lazarus model provides useful categories for understanding the factors that influence stress responses. The model does, however, pose some difficulties in attempting to reconstruct appraisal processes in the study of stress and coping. While cognitive appraisal is often a conscious deliberation, it can also be unconscious or impulsive. Cognitions are an inferential variable and there are limits to the certainty with which one can determine the particular thoughts a person has. Self-report is the primary source of data and while this is useful it may not always be accurate. The extent to which values and beliefs influence appraisals may not be entirely conscious or may not be easily or clearly reported. The growing body of research in behavioral-cognitive models of stress and coping, however, give some substance and validity to this approach.

Uncertainty

Rose Weitz (1991) reports uncertainty is a consistent theme and major source of stress found in studies of the lives of persons who are chronically or terminally ill. She writes:

Few people tolerate uncertainty well. Most seek ways to reduce it; if that is not possible, to cope with it (p. 352).

In her study of the stress encountered by persons living with AIDS, Weitz found the central stressor was that of uncertainty and was associated with loss of control. She reports two basic coping strategies were employed to manage uncertainty: vigilance and avoidance. Vigilance was composed of seeking information and support; avoidance was denial-like behavior employed as self-protection from distressing knowledge. Both

strategies were focused toward the common goal of the development of a normative framework to bring meaning and predictability to the situation. Coping strategies were employed to find a logical explanation for the situation and to achieve a sense of control in order to tolerate uncertainty.

These frameworks make their situations comprehensible; for some, combined with contingency plans, they helped individuals to gain control or a sense of control over their lives. In other situations where uncertainty was unavoidable or preferable to certainty, these frameworks enable people to reduce the stresses of living with uncertainty (Weitz, 1991, p. 367).

For waiting adopters, the central issue is uncertainty and coping strategies, primarily information search and support or denial-like behaviors, are similar to those found by Weitz. Waiting adopters also experience a sense of loss of autonomy and control over their lives or life goals. This loss is originally faced in the early pursuit of parenthood when infertility is discovered. In deciding to adopt, couples also revisit the loss of autonomy in needing to rely upon others to obtain the role of parent. However, unlike chronically or terminally ill persons, prospective adopters have deliberately chosen a situation over which they feel they have no control. They do have the option to end the strain of uncertainty by making the decision to withdraw their adoption application and to not adopt. Second time adopters were more likely to consider this option than first time adopters and husbands were more likely than wives to entertain thoughts of taking this action to bring an end to the strain.

One explanation for gender differences in the continued commitment to the pursuit of adoptive parenthood despite uncertainty strain may be inferred from the literature on infertility and adoption. Kirk (1984) found women felt more deprived by involuntary childlessness than men. Men appeared to be more readily compensated by occupational

activity. Daly (1989) found among infertile couples, wives more often than husbands, felt less in control of their lives. He related this to the greater salience of the parenthood role for women than for men. Others, Mazor (1984), Rossi (1968), Antonucci and Mikus (1988), report continuing pronatalist cultural norms for women to achieve full adult status through motherhood. There may well be other beliefs and values which influenced women to be less likely to consider withdrawal of the adoption application.

Expectation Discrepancies

Coyne and Lazarus (1980) define stress as resulting from the cognitive appraisal of a situation or event in which harm, loss or threat is perceived. They further define harm and loss to refer to damaging events which have already taken place and constitute losses of relationships, role, health or self-esteem. Threat refers to harm or loss which is anticipated.

In their study of stress, coping skills and adaptation among newly recruited military personnel, Novaco, Cook and Sarason (1983) found that expectations were key mediators of stress. When experiences were discrepant from expectations, disequilibrium and stressful disorientation occurred. Reappraisal of expectation and social support were primary factors in adjustment and reduction of stress. In his study of bereavement, Parkes (1971) postulates that discrepancies in life experiences and expectations require changes in views and belief systems which may include changes in interpretations of past, present and future.

Early in the waiting period, adopters experience uncertainty about the timing of a selection and placement. This is managed by information search and the creation of a timetable expectation. Waiting is then typically managed by problem-focused activities in preparations for placement or exercising restraint. The primary perception of uncertainty

focuses on when an adoption will take place. When expectation discrepancies occur, the strain of uncertainty increases and the perception of threat to the adoption plan becomes more difficult to manage. Implicit in this threat is the fear that a selection may never be made. First time adopters, especially, ultimately fear the prospect of childlessness. Birth parent selection policies further mystified the external world for infant adopters who could only guess about selection criteria and wonder about their potential attractiveness. Learning about placements which occurred for others prompted paradoxical perceptions. On one hand, waiting adopters felt encouraged that infants were continuing to be available. On the other hand, many felt discouraged that they had not been chosen and this had an impact on their self-esteem.

Gender Differences

Men more readily acknowledged their lack of control over their ability to obtain a child and were less distressed about this aspect of waiting. Most tended to accept the loss of control as an inherent part of the process of adoption and tended to focus their activities to areas of their lives where they had greater levels of power and control, work and leisure pursuits. They did not deny the uncertainties and stressfulness of waiting to adopt, but rather avoided it by concluding nothing could be done to change it and directed their energies elsewhere. Those who gave expression to their feelings of discouragement and frustration, usually sought support from their spouses. Most men also relied upon their wives to obtain information which was then shared with them. Among infant adopters, particularly first time adopters, men experienced self-blame more than women.

Women were more outwardly expressive of their experience of uncertainty strain and more prone to action or problem-focused coping strategies. They were primarily the ones to telephone their social workers or members of the Adoptive Parents Association

and to talk to their friends or spouses in search of information or support. Rather than talking about their loss of control, women tended to talk about waiting strains and frustrated efforts to seek information and mobilize support.

Becker (1990) and Salzer (1986) both found that men and women coped with the stresses of infertility differently. Women were more likely to approach problem-solving through action while men utilized avoidance. Salzer maintains that the feelings of men and women regarding infertility are not highly different. She notes that their expressivity and coping strategies can differ significantly. Salzer attributes much of this to differences in cultural socialization of men and women. In her study of infertile couples, Becker (1990) noted that when the family life cycle is thrown off course by infertility, marital relationships are strained and require renegotiation of the values and personal identity issues for each partner. Differences in coping styles are most likely to prompt marital stress when they are misunderstood or misinterpreted along stereotypical gender lines.

For example, if a woman explains her husband's silence about infertility to herself as being a typically uninvolved man, and a man discounts his partner's concerns by telling himself she is a hysterical woman, a barrier is created (Becker, 1990, p. 172).

Among study participants, differences in coping strategies were widely acknowledged, and for the most part, accepted as individual differences which provided some balance to the marital relationship. For those who encountered marital tensions as a result of waiting strain, efforts were made to resolve these tensions. While tensions between husbands and wives occurred for only two of the couples in this study and were reported to have been resolved, it may be important to consider that stress encountered during waiting periods may pose risks for some waiting couples.

Social Support Systems

Supportive relationships have been found to be important mediators of stress for people confronting change or loss (Belle, 1991; Tietjen and Bradley, 1985; Unger and Powel, 1980; Wethington and Kessler, 1986; Gottlieb and Pancer, 1988). Social support systems provide assistance with problem-solving and reassurance of worth and social identity. Belle (1991, p. 259) reports that a number of recent studies have also demonstrated that social networks can have the reverse effect and create or exacerbate stress particularly when they convey disapproval or fail to fulfill expectations for aid.

Most waiting adopters found friends and family members unhelpful or unable to understand their perceptions of uncertainty strain; in a few cases, friends and family members were openly unsupportive of the adoption plan.

Despite the fact that most adoptive parents reported themselves to have developed a good relationship with their social worker during the homestudy process, they expressed a fairly high degree of reluctance to reveal their levels of distress and frustration about waiting to their social workers. Some who did, found their social workers unresponsive and unhelpful; a few did not and were able to rely upon their social workers for both information and support. In general, waiting adopters were dismayed and frustrated to discover their social workers did not have information they sought particularly when the Adoptive Parents Association had access to that same information. This raises the questions about whether social workers were withholding information or whether there were barriers in agency communication patterns which prevented social workers from obtaining the information.

Daly (1989) reports that prospective adopters perceive there is a power imbalance between themselves and the agency and social worker and proposes that adoptive parents do not feel free to express their concerns, anxieties and reservations. Ward (1979) notes

that adoption workers are often viewed as a "necessary evil" to attaining the goal of adoption. She maintains that effective work with adoptive parents requires good rapport and trust between worker and adoptive parents. Hartman (1984) reports adoptive parents often find a judgmental attitude prevails among adoption caseworkers.

The foundation of any helping relationship needs to be built on trust. While most adoptive parents found their social worker to be helpful, knowledgeable and trustworthy during the homestudy process, their experience during waiting damaged that relationship. This may pose problems during the selection, placement and post-placement processes. Good adoption service is predicated in an open, trusting relationship between adoptive families and their social worker.

Waiting adopters' expressed needs are for an ongoing source of information about the availability of children and waiting times as well as emotional support. The Adoptive Parents Association was found to be the most valuable resource for meeting these needs. Although the decreasing number of infant placements and the increasing waiting times for prospective adopters was known at Social Services, no formal provisions were made to inform couples on the approved registry of this. Christian Counselling Services regularly mailed quarterly newsletters to their clients, both approved and waiting and on the homestudy waiting list.

Stress Interventions

Weitz (1991) maintains that people cope with stress most effectively when they feel in control of their lives. Stress interventions such as stress-inoculation programs have been found to be helpful for individuals facing a wide variety of losses or changes (Roskies, 1991; Weitz, 1991; Wertkin, 1985; Janis, 1983; Jaremko, 1983). Stress-inoculation methods are composed of three components: provision of information about

what to expect, identification of resources for coping, and assistance in development of a plan for responses to individual situations.

All of the parents in this study waited longer than they expected; most encountered difficulties with waiting strain for which they did not feel prepared. All felt confident in their ability to manage the wait at its outset and less confident in coping during later stages of waiting. It may be helpful to create a program for adoptive parents as they enter the waiting period to prepare them for the anticipated strains of uncertainty. This could be based on the stress-inoculation model; objectives would be to provide information and identify and create resources for building coping skills. If it were offered through the Adoptive Parents Association, participation in such a program could occur in the absence of the adoption worker giving couples more freedom to express their concerns. This could give prospective adopters a greater sense of control, provide opportunities for information and facilitate social support.

Summary

From a social-time perspective, many waiting adopters come to feel derailed from their time tracks and unable to move forward toward their goal of parenthood while the world passes them by. The uncertainty of the timing and prospects of parenthood are the central stressors of their experience. Loss of control and predictability over their lives is managed by a variety of coping behaviors. Couples respond to the stress differently. Men tend to be more comfortable with the sense of the loss of control and avoid stress by focusing their energies elsewhere. Women tend to be more expressive of their discomfort and are more likely to engage in action or problem-focused activities such as information search and mobilizing support. Spousal differences in coping were acknowledged by all

study participants and although the findings of this study did not reveal these differences were often the cause of marital tensions, the potential for strain on the marriage is evident.

Discrepancies in timing expectations are a key component in the intensity of uncertainty strain. Study participants who experienced the least amount of waiting strain used information search to revise expectation timetables. As well, they had strong and varied social support systems. Most waiting adopters form good relationships with their social workers prior to the waiting period. When efforts to obtain information from social workers are frustrated, trust in this relationship is eroded. This may pose problems during the future course of the adoption when social workers are charged with the responsibility of facilitating the placement of a child. The support of friends and family is generally weak, and at times, detrimental to waiting adopters. By far, support and information from other adoptive parents was found to be most valuable and consistent.

The expressed needs of waiting adopters are information and support. They may also benefit from preparation for waiting strain.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

Adoption policies and practices have undergone considerable change in Saskatchewan during the past decade. Post-adoption services were established in response to the recognition of the needs of adult adoptees. Adoptive parents formed an organization to provide information and social support not easily accessible elsewhere. The first private adoption agency was authorized to provide for open adoption services and offer birth and adoptive parents option in services. Social Services adoption policies were changed to provide for open adoption in response to the growing demand from birth parents for this service. As well, efforts to promote the adoption of older and special needs children resulted in the establishment of adoption subsidies. A special initiative was formed for international adoption from Romania in response to the community awareness that large numbers of children were being housed in institutions in that country.

At the same time, the numbers of children available for adoption steadily decreased. This was particularly true of the availability of healthy, majority race infants. The demand for adoption service from prospective adopters decreased only slightly. This imbalance of supply and demand resulted in projected overall waiting times for infant adoption to increase from three years in 1983 to eight to ten years in 1989.

In this study of the process of becoming an adoptive parent, waiting was the central issue of focus. Participants in this study were in the process of adopting during a time of rapid change and decreasing prospects. Uncertainty of the outcome of the decision to adopt occurs throughout the process for prospective adopters. Waiting for the selection and placement of a child is consistently reported to be the most difficult stage in the process. Following the successful completion of a homestudy, approved candidates

feel hopeful and confident in their desires to become parents by adoption. Expectations about the timing of a selection and placement are created on the basis of an information search. Social workers are an important resource for providing information in the initial development of timing expectations.

Coping with uncertainty is a cognitive activity which incorporates assessment of impending threat and assessment of resources available for managing and the consequences of any coping action. Even though the source of the stress may not be amenable to change, both actions and thoughts may reduce stress. Uncertainty strain centers on the issues of when and/or whether the desire for adoptive parenthood will be met. Waiting adopters experience a sense of loss of control over their lives. Discrepancies in timing expectations are a key component in the intensity of uncertainty strain.

Early in the waiting stage, uncertainty is managed by information search to develop timing expectations, by exercising restraint and by making preparations for the arrival of a child. Uncertainty becomes increasingly stressful as waiting times lengthen and timing expectations are unrealized. While the initial uncertainty strain tends to be centered on timing, unmet timing expectations prompt focus on a fear that the desire for adoptive parenthood may never be realized. Sensitivity to the passage of time and unmet desires heightens over time and perceptions of social support resources may change if they fail to meet the needs of prospective adopters.

Patterns of coping strategies, though individually established, were highly similar among study participants. Of all coping strategies employed to manage the strain of uncertainty, information seeking was the most common across all cases and the most frequently and repeatedly used. In the face of the apparent obstacles to information seeking from social workers, study participants turned to the Adoptive Parents

Association as a reliable source of information. Late in the wait, perceptions of trust in the adoption caseworker can be eroded if efforts to obtain information or support from this resource are frustrated. Spousal or gender differences in coping strategies, while widely acknowledged, did not result in spousal tensions for most. For the few who did experience spousal tensions, these were resolved.

Although actual waiting times varied greatly, the length of the wait does not appear to be as critical as its perceived disparity with the expected length of the wait. When coping strategies result in revised expectation of time, uncertainty strain may be better managed. In order for this to occur, information needs to be available.

The fact that stress occurs during waiting is not as critical as whether there are sufficient resources for coping with stress and that these resources are available and accessible. For most waiting adopters, social workers came to be perceived as inaccessible, unsupportive and/or not well-informed. Other support systems such as family and friends were weak and perceived to lack understanding of waiting strain. The Adoptive Parents Association was the most consistently valuable source of information and support. While this Association has grown considerably over the years since its establishment, access to the Association is not equally available across the Province. It is essentially a volunteer organization and struggles to meet a wide variety of demands from a diverse population of adoptive parents.

Recommendations

The findings of this small exploratory study cannot be generalized to the larger population of waiting adopters and further study is required to both validate and expand the findings. However, considerations and recommendations have been made with respect to policy, practice, as well as to further research.

Agency policies and practices can shape the course of the adoption process. The agency need to have a large pool of approved and waiting prospective adopters in order to better meet requests of birth parents' needs to be balanced with an understanding of the possible consequences of lengthening waiting times for many adopters. A review is needed of the necessity and prudence of the apparent oversupply of approved resources for infant placements. Consideration needs to be given to limiting the pool of waiting infant resources to decrease the waiting times, or to providing clear information to prospective adopters, at the time of application and throughout the adoption process, about the length of the wait and the possibility that an adoption may not take place for some.

Open adoption is still in the experimental stages and needs to be followed closely over the next twenty years. Outcomes for all parties to the adoption are, as yet, unknown. It is not known if there are particular trends in birth parent selections which could guide agencies in providing honest and realistic expectations for prospective adopters.

In the meantime if waiting times for infant adopters continue to be lengthy, a simple, and easily implemented intervention could be put into place with the issuing of semi-annual letters (similar to those sent to applicants on the infant waiting list). This could serve as a reassurance for prospective adopters that they continue to be actively registered as an approved adoption resource and to inform them of waiting time trends.

Another practice change, which appears to be called for in the face of increasing waiting times, is an annual review to update homestudies. Given that some infant adopters in this study waited up to 3-1/2 years following the completion of the homestudy, it would seem irresponsible to neglect the need for updated information for both the agency and the client.

The expressed needs of waiting adopters are information and support. It is of concern that for many, the failure of their social workers to respond to their needs resulted in decreasing trust levels. Of particular frustration was the fact that the Adoptive Parents Association had information about Social Services adoption placements that workers in that agency did not seem to have. This raises a number of questions: Is this a phenomenon which applies only to one regional office of Social Services? Are there communication barriers within the agency which limit social workers' access to information? Are social workers unaware of the importance of information for waiting adopters? Given the many changes in adoption programs and policies during the 1980s and the increased demands on social workers, it may be valuable to explore the effects of these changes on social workers' attitudes and work stresses.

Research in the area of stress indicates that many individuals benefit from stress-inoculation programs as a preventive measure. Such a program could be developed for waiting adopters to provide them with information about the strain of uncertainty and encourage them to identify potential resources to help them manage the stress. In light of the perception of adoptive parents of the power imbalance between adopters and social workers, such a program may be better facilitated through the Adoptive Parents Association or through a cooperative effort between agencies and the Association. This kind of program could also be a useful source of data for further research efforts.

Further research is needed to verify, substantiate, and further develop these preliminary findings. As well, it may be important to explore waiting strain with respect to individual variations in perception of stress or susceptibility to stress to determine if some individuals are more vulnerable than others. Gender or spousal differences in coping with the stress of waiting deserves a careful look at the impact on marriage relationships. It might be interesting to explore the influence of prior experience of coping with uncertainty

strain by comparing a larger sample of the experiences of first-time and second-time adopters. While this study did not produce findings which indicated stress and coping during waiting had an impact on pre-placement, placement and adjustment to adoptive parenting, this deserves evaluation and could provide valuable information for both social work practice and for adoptive parents.

BIBLIOGRAPHY

- Abramczyk, Lois W. and Kathy Barbell (1987). Adoption Orientation Handbook. Columbia: University of South Carolina.
- Adams, John; John Hayes; and Barrie Hopson (1977). Transition: Understanding & Managing Personal Change. Montclair: Allanheld, Osmun & Co. Publishers, Inc.
- Aldous, Joan (1978). Family Careers, Developmental Change in Families. Toronto: John Wiley & Sons.
- Antonovsky, Aaron (1985). Health, Stress, and Coping. San Francisco: Jossey-Bass Publishers.
- Antonucci, Toni C. and Karen Mikus (1988). "The Power of Parenthood: Personality and Attitudinal Changed During the Transition to Parenthood," in Gerald Y. Michaels and Wendy A. Goldberg. The Transition to Parenthood, Current Theory and Research (pp. 62-84). New York: Cambridge University Press.
- Aral, S. O., and W. Cates (1983). "The Increasing Concern With Infertility. Why Now?" Journal of the American Medical Association, 250:2327-2331.
- Austin, Judy (1985). Adoption, The Inside Story. London: Barn Owl Books.
- Bachrach, C.A. (1983). "Adoption As a Means Of Family Formation: Data from the National Survey of Family Growth," Journal of Marriage and the Family, 45:859-865.
- Bachrach, C.A. (1986). "Adopted Plans, Adopted Children and Adoptive Mothers," Journal of Marriage and the Family, 48:243-254.
- Barth, Richard (1988). "Disruption In Older Child Adoptions," Public Welfare, Winter: 23-29.
- Bean, Philip, Ed. (1984). Adoption: Essays In Social Policy, Law And Sociology. New York: Tavistock Publications.
- Becker, Gay (1990). Healing The Infertile Family. New York: Bantam Books.

- Bell, J. Stephen, John Bancroft and Alistair Phillip (1985). "Motivation for Parenthood: A Factor Analytic Study of Attitudes Towards Having Children," Journal of Comparative Family Studies, Vol XVI(1):111-119.
- Belle, Deborah (1991). "Gender Differences in the Social Moderators of Stress," in Monat, Alan and Richard S. Lazarus, Eds. Stress and Coping, An Anthology, Third Edition (pp. 258-274). New York: Columbia University Press.
- Berg, David N. and Kenwyn K. Smith (1988). The Self In Social Inquiry: Researching Methods. Newbury Park, CA: Sage Publications.
- Bonham, G. S. (1977). "Who Adopts: The Relationship of Adoption and Social Demographic Characteristics of Women," Journal of Marriage and the Family, 39:295-306.
- Brinich, Paul M. (1990). "Adoption From The Inside Out: A Psychoanalytic Perspective," in David M. Brodzinsky and Marshall D. Schechter. The Psychology of Adoption (pp. 42-61). New York: Oxford University Press.
- Bourguignon, Jean-Pierre and Kenneth W. Watson (1987). After Adoption. Chicago: Illinois Department of Children and Family Services.
- Boss, Pauline (1988). Family Stress Management. Newbury Park, CA: Sage Publications.
- Brodzinsky, David M. (1987). "Adjustment to Adoption: A Psychosocial Perspective," Clinical Psychology Review, Vol 7: 25-47.
- Brodzinsky, David M. and Anne B. Brodzinsky (1992). "The Impact of Family Structure On The Adjustment Of Adopted Children," Child Welfare Vol LXXI(1) January-February.
- Brodzinsky, David M. and Marshall D. Schechter (1990). The Psychology of Adoption. New York: Oxford University Press.
- Burgess, Linda Cannon (1977). The Art of Adoption. Washington, D.C.: Acropolis Books, Ltd.
- Butler, Iris C. (1989). "Adopted Children, Adoptive Families: Recognizing Differences," in Lee Combrinck-Graham, Ed. Children In Family Contexts: Perspectives On Treatment (pp 161-186). New York: Guilford Press.
- Byrd, A. Dean (1988). "The Case For Confidential Adoption," Public Welfare, Fall:20-23.

- Calhoun, Lawrence G. and James W. Selby (1980). "Voluntary Childlessness, Involuntary Childlessness, and Having Children: A Study of Social Perceptions", Family Relations, 29 (2):181-183.
- Canape, Charlene (1986). Adoption: Parenthood Without Pregnancy. New York: Henry Holt & Company.
- Carter, Elizabeth A. and Monica McGoldrick (1980). The Family Life Cycle: A Framework for Family Therapy. New York: Gardner Press, Inc.
- Chandler, Louis A. and Mark D. Shermis (1985). "Assessing Behavioral Responses to Stress," Educational and Psychological Measurement, 45: 825-844.
- Child Welfare Branch (1967). Review of The Child Welfare Program. Regina: Government of Saskatchewan.
- Child Welfare League of America (1978). Standards of Adoption Service. New York: CWLA.
- Churchill, Sallie R., Bonnie Carlson, and Lynn Nybell (1979). No Child is Unadoptable. Beverly Hills, California: Sage Publications, Inc.
- Cohen, Nancy J., James Duvall and James C. Coyne (1994). Mental Health Service Needs of Post-Adoptive Families. Ontario: Health & Welfare Canada.
- Cole, Elizabeth S. (1983). "Societal Influences on Adoption Practice," in Paul Sachdev, Ed. Adoption, Current Issues and Trends (pp. 15-29). Toronto: Butterworths.
- Cole, Elizabeth S. and Kathryn Donley (1990). "History, Values, and Placement Policy Issues in Adoption," in David M. Brodzinsky and Marshall D. Schechter. The Psychology of Adoption (pp. 273-294). New York: Oxford University Press.
- Combrinck-Graham, Lee, Ed. (1989). Children In Family Contexts: Perspectives On Treatment. New York: Guilford Press.
- Covington, Sharon N. (1987). "Psychological Evaluation of the Infertile couple: Implications for Social Work Practice", Journal of Social Work and Human Sexuality 6(1):21-36.
- Cox, Martha J. (1985). "Progress and Continued Challenges In Understanding the Transition to Parenthood," Journal of Family Issues, Vol 6 (4):395-407.

- Coyne, James C. and Richard S. Lazarus (1980). "Cognitive Style, Stress Perception and Coping," in Irwin L. Kutash, Louis B. Schlesinger and Associates. Handbook on Stress and Anxiety. San Francisco, California: Jossey-Bass Publishers.
- Daly, Kerry (1988). "Reshaped Parenthood Identity: The Transition to Adoptive Parenthood," Journal of Contemporary Ethnography, 17(1):40-66.
- (1989). "Preparation Needs of Infertile Couples Who Seek To Adopt," Canadian Journal of Community Health, 8(1):111-121.
- Daly, Kerry and Michael P. Sobol (1993). Adoption In Canada. Guelph: Health & Welfare Canada.
- Daniels, Pamela and Kathy Weingarten (1982). Sooner or Later, The Timing of Parenthood in Adult Lives. New York: W.W. Norton & Co.
- Daniluk, Judith C. and Al Herman (1984). "Parenthood Decision Making," Family Relations, October:607-613.
- Department of Social Services (1976). News Release: New Requirements On Infant Adoption. Regina: Government of Saskatchewan, July 27.
- Denzin, Norman K. (1970). The Research Act. Chicago, Illinois: Aldine Publishing Company.
- DiGiulio, Joan Ferry (1987). "Assuming the Adoptive Parent Role" Social Casework, 48(9):561-566.
- Dinsmore, Janet L, Ed. (1985). Self-Awareness, Self-Selection and Success: A Parent Preparation Guidebook for Special Needs Adoptions. Washington, D.C.: North American Council on Adoptable Children.
- Douglas, Jack D (1985). Creative Interviewing. Beverly Hills, CA: Sage Publications.
- Eheart, Brenda Krause and Martha Bauman Power (1988). "An Interpretive Study of Adoption: The Interplay of History, Power, Knowledge and Emotions", Journal of Contemporary Ethnography, 17(3):326-348.
- Elbow, Margaret (1986). "From Caregiving to Parenting: Family Formation With Adopted Older Children", Social Work, 31(2):366-370.
- Erickson, Erik H. (1963). Childhood and Society, Second Edition. New York: W.W. Norton & Co.

- Fanshel, David (1972). Far From The Reservation, The Transracial Adoption Of American Indian Children. New Jersey: The Scarecrow Press.
- Feigelman, William and Arnold R. Silverman (1983). Chosen Children, New Patterns of Adoptive Relationships. New York: Praeger Publishers.
- Fish, Anne and Carol Spiers (1990). "Biological Parents Choose Adoptive Parents: The Use of Profiles in Adoption," Child Welfare, Vol LXIX(2):129-139.
- Fleming, Jeanne and Kenneth Burry (1987). "Coping With Infertility", Journal of Social Work and Human Sexuality, 6(1):37-41.
- Folkman, Susan and Richard S. Lazarus (1991) "Coping and Emotion," in Alan Monat and Richard S. Lazarus, Eds. Stress and Coping, An Anthology, Third Edition (pp. 207-227). New York: Columbia University Press.
- Glaser, Barney G. (1978). Theoretical Sensitivity, Mill Valley, CA: The Sociology Press.
- Glaser, Barney G. and Anselm L. Strauss (1967). The Discovery of Grounded Theory, Strategies for Qualitative Research. Chicago, Illinois: Aldine Publishing Co.
- (1968). Time For Dying. Chicago, Illinois: Aldine Publishing Co.
- Golan, Naomi (1981). Passing Through Transitions, A Guide for Practitioners. New York: The Free Press.
- (1980). "Intervention at Times of Transition: Sources and Forms of Help", Social Casework, 61(5):259-266.
- Goldstein, Joseph, Anna Freud, and Albert Solnit (1973). Beyond The Best Interest Of The Child. New York: The Free Press.
- Gonyo, Barbara and Kenneth W. Watson (1988). "Searching In Adoption," Public Welfare, Winter:14-22.
- Goodacre, Iris (1966). Adoption Policy and Practice, A Study. London: George Allan & Unwin, Ltd.
- Gottlieb, Benjamin H. (1981). Social Networks and Social Support. Beverly Hills, CA: Sage Publications, Inc.

- Gottlieb, Benjamin and S. Mark Pancer (1988). "Social Networks and the Transition to Parenthood," in Gerald Y. Michaels and Wendy A. Goldberg. The Transition to Parenthood, Current Theory and Research (pp. 235-269). New York: Cambridge University Press.
- Government of Saskatchewan (1980-81 to 1989-90). Annual Reports. Regina: Government of Saskatchewan.
- (1982). Family Services Policy Manual. Regina: Government of Saskatchewan.
- (1991) Factsheet: Post Adoption Services. Regina: Government of Saskatchewan.
- Griffith, Keith C. (1991). The Right To Know Who You Are: Reform Of Adoption Law With Honesty, Openness And Integrity. Ottawa: K. Kimbell.
- Groze, Victor (1986). "Special-Needs Adoption," Children and Youth Services Review, Vol 8:363-373.
- Haimes, Erica and Ed Timms (1985). Adoption, Identity and Social Policy. Brookfield, VT: Gower Publishing Co.
- Hartman, Ann (1984). Working With Adoptive Families Beyond Placement. New York: Child Welfare League of America.
- Hartman, Ann and Joan Laird (1990). "Family Treatment After Adoption: Common Themes," in David M. Brodzinsky and Marshall D. Schechter. The Psychology of Adoption (pp. 221-239). New York: Oxford University Press.
- Hepworth, H. Philip (1980). Foster Care And Adoption In Canada. Ottawa: Canadian Council on Social Development.
- Hoff, Lee Ann (1989). People In Crisis, Understanding and Healing. Redwood City, CA.: Addison-Wesley Publishing Co.
- Holroyd, Kenneth A., Margret A. Appel, and Frank Andrasik (1983). "A Cognitive-Behavioral Approach to Psychosphysiological Disorders," in Donald Meichenbaum and Matt E. Jaremko. Stress Reduction and Prevention (pp. 219-260). New York: Plenum Press.
- Houghton, Diane and Peter Houghton (1984). Coping with Childlessness. London: George Allen & Unwin, Ltd.

- James, Adrian L. and Kate Wilson (1986). Couples, Conflict and Change, Social Work With Marital Relationships. New York: Tavistock Publications.
- Johnston, Patricia Irwin (1984). An Adoptor's Advocate. Fort Wayne: Perspectives Press.
- (1983). Perspectives On A Grafted Tree. Fort Wayne: Perspectives Press.
- (1983). Understanding: A Guide to Impaired Fertility for Family and Friends. Fort Wayne: Perspectives Press.
- Kadushin, Alfred (1970). Adopting Older Children. New York: Columbia University Press.
- Katz, Linda (1986). "Parental Stress and Factors for Success In Older-Child Adoption," Child Welfare, Vol 65(6):569-578
- Kendall, Philip C. (1983). "Stressful Medical Procedures," in Donald Meichenbaum Matt E. Jaremko. Stress Reduction and Prevention (pp. 159-190). New York: Plenum Press.
- Kirk, H. David (1985). Adoptive Kinship, A Modern Institution in Need of Reform, Revised Edition. Brentwood Bay, BC: Ben-Simon Publications.
- (1988). Exploring Adoptive Family Life. Brentwood Bay, BC: Ben-Simon Publications.
- (1984). Shared Fate, A Theory and Method of Adoptive Relationships, Second Edition. Brentwood Bay, BC: Ben-Simon Publications.
- Kirk, Jerome and Marc L. Miller (1986). Reliability and Validity in Qualitative Research. Newbury Park, CA.: Sage Publications.
- Klibanoff, Susan and Elton Klibanoff (1973). Let's Talk About Adoption. Toronto: Little, Brown and Company.
- Kornitzer, Margaret (1968). Adoption & Family Life. London: Putnam.
- Kutash, Irwin; Louis B. Schlesinger, and Associates (1980). Handbook on Stress and Anxiety. San Francisco, California: Jossey-Bass Publishers.
- Lancaster, Jane B.; Jeanne, Altmann; Alice S. Rossi; and Lonnie R. Sherrod (1987). Parenting Across the Life Span. New York: Aldine De Gruyter.

- LaRossa, Ralph (1983). "The Transition To Parenthood and The Social Reality of Time," Journal of Marriage And The Family, 45 (8):579-588.
- (1986). Becoming A Parent. Newbury Park: Sage Publications.
- LaRossa, Ralph and Maureen Milligan LaRossa (1981). Transition to Parenthood. Beverly Hills, CA: Sage Publications, Inc.
- Lazarus, Richard S. and Susan Folkman (1991). "The Concept of Coping," in Alan Monat and Richard S. Lazarus, Eds. Stress and Coping, An Anthology, Third Edition (pp. 189-206). New York: Columbia University Press.
- Lawder, Elizabeth A; Katherine D. Lower; Roberta G. Andrews; Edmund A. Sherman; and John G. Hill (1969). A Followup Study of Adoptions: Post-Placement Functioning of Adoption Families. New York: Child Welfare League of America.
- LePere, Dorothy W (1987). "Vulnerability to Crises During the Life Cycle of the Adoptive Family", Journal of Social Work and Human Sexuality, 6(1):73-85.
- Leventhal, Howard and David R. Nerenz (1983). "A Model For Stress Research With Some Implications For The Control Of Stress Disorders," in Donald Meichenbaum and Matt E. Jaremko. Stress Reduction and Prevention (pp. 5-38). New York: Plenum Press.
- Lifton, Betty Jean (1983). Lost & Found: The Adoption Experience. New York: The Dial Press.
- Lindsay, Jeanne Warren (1987). Open Adoption: A Caring Option. Buena Park, CA: Morning Glory Press.
- Link, P. W. and C. A. Darling (1986). "Couples Undergoing Treatment For Infertility: Dimensions of Life Satisfaction," Journal of Sex and Marital Therapy, 12:46-59.
- Lofland, John and Lyn H. Lofland (1984). Analyzing Social Settings, A Guide to Qualitative Observation and Analysis. Belmont, CA: Wadsworth Publishing Company.
- Lowe, Graham S. and Herbert C. Northcott (1986). Under Pressure: A Study of Job Stress. Toronto: Garamond Press.
- Mahlstedt, Patricia Payne and Page Townsend Johnson (1987). "Support To Persons Experiencing Infertility: Family and Friends Can Help", Journal of Social Work and Human Sexuality, 6(1):65-71.

- Marcus, Clare (1979). Adopted? A Canadian Guide For Adopted Adults In Search Of Their Origins. Vancouver: International Self-Counsel Press.
- Marris, Peter (1986). Loss and Change. London: Routledge & Kegan Paul.
- Matthews, Anne Martin and Ralph Matthews (1986). "Beyond The Mechanics of Infertility: Perspectives on the Social Psychology of Infertility and Involuntary Childlessness", Family Relations, 35(4):479-488.
- Matthews, Ralph and Anne Martin Matthews (1986). "Infertility and Involuntary Childlessness: The Transition to Nonparenthood", Journal of Marriage and The Family, 48(3):641-649.
- Mazor, Miriam (1979). "Barren Couples," Psychology Today, May:101-112.
- McCallum, Mary (1994). The Social Construction Of Adoption: The Intersection Of Policy And Process In B.C. Adoptive Families, unpublished Major Paper, U.B.C.
- McRoy, Ruth G. and Louis A. Zurcher (1983). Transracial and Inracial Adoptees in the Adolescent Years. Springfield, Ill.:Charles C. Thomas Publishing.
- Meichenbaum, Donald and Matt E. Jaremko (1983). Stress Reduction and Prevention. New York: Plenum Press.
- Melina, Lois R.(1989) "Seven Core Issues of Adoption," Adopted Child, 8 (12):1-2.
- Menning, B. E. (1977) Infertility: A Guide For The Childless Couple. Englewood Cliffs, N.J.: Prentice-Hall.
- Merton, Robert M.; Marjorie Fiske and Patricia L. Kendall (1990). The Focused Interview: A Manual of Problems and Procedures, Second Edition. New York: The Free Press.
- Miall, Charlene E. (1987). "The Stigma of Adoptive Parent Status: Perceptions of Community Attitudes Toward Adoption and the Experience of Informal Social Sanctioning," Family Relations, 36(1):34-39.
- Michaels, Gerald Y. and Wendy A. Goldberg (1988). The Transition to Parenthood, Current Theory and Research. New York: Cambridge University Press.
- Miles, Matthew B. and A. Michael Huberman (1984). Qualitative Data Analysis, A Sourcebook of New Methods. Newbury Park, CA: Sage Publications.

- Miles, Matthew B. and A. Michael Huberman (1988). "Assessing Local Causality in Qualitative Research," in David N. Berg and Kenwyn K. Smith. The Self In Social Inquiry: Researching Methods (pp. 351-382). Newbury Park, CA: Sage Publications.
- Miller, Warren B. and Lucille F. Newman (1978). The First Child and Family Formation. Chapel Hill, NC: University of North Carolina at Chapel Hill.
- Monat, Alan and Richard S. Lazarus, Eds. (1991). Stress and Coping, An Anthology, Third Edition. New York: Columbia University Press.
- Nelson, Katherine A. (1985). On The Frontier of Adoption: A Study of Special-Needs Adoptive Families. New York: Child Welfare League of America.
- Novaco, Raymond W., Thomas M. Cook, and Irwin G. Sarason (1983). "Military Recruit Training, An Arena For Stress-Coping Skills," in Donald Meichenbaum and Matt E. Jaremko. Stress Reduction and Prevention (pp. 377-418). New York: Plenum Press.
- Patton, Michael Quinn (1980). Qualitative Evaluation Methods. Beverly Hills, CA.: Sage Publications.
- (1986). Utilization-Focused Evaluation. Newbury Park, CA.: Sage Publications.
- Pearlin, Leonard I. (1991). "Life Strains and Psychological Distress," in Alan Monat and Richard S. Lazarus, Eds. Stress and Coping, An Anthology, Third Edition (pp. 319-336). New York: Columbia University Press.
- Pendarvis, Leah V. (1985). "Anxiety Levels Of Involuntarily Infertile Couples Choosing Adoption," Dissertation Abstracts International, Vol 46 (3-B): 967-B.
- Phillips, Rena (1990). "Post-Adoption Services - The Views of Adopters," Early Child Development and Care, 59:21-27.
- Pringle, M.L. Kellmer; Micheline Dewdney; Eileen Crellin; Rosemary Dinnage (1967). Adoption, Facts and Fallacies. London: Longmans.
- Puff, Ronald (1993). In The Best Interests Of The Child? unpublished paper, University of Regina.
- Raymond, Louise (1974). Adoption and After. New York: Harper & Row, Pub.

- Reid, William J. and Audrey D. Smith (1989). Research in Social Work, Second Edition. New York: Columbia University Press.
- Reid, William J.; Richard M. Kagan; Alison Kaminsky; and Katherine Helmer (1987). "Adoptions of Older Institutionalized Youth", Social Casework, 68:(3):140-149.
- Reitz, Miriam and Kenneth W. Watson (1992). Adoption and the Family System: Strategies for Treatment. New York: The Guilford Press.
- Robertson, Lorine (1987). Adoption, A Boon Or A Yoke To The Adoptees. unpublished paper, University of Saskatchewan School of Law.
- Roskies, Ethel (1991). "Stress Management: A New Approach to Treatment," in Alan Monat and Richard S. Lazarus, Eds. Stress and Coping, An Anthology, Third Edition (pp. 411-431). New York: Columbia University Press.
- Ross, Elspeth (1990). The Need For Post Adoption Services. Ontario: Children's Village of Ottawa-Carleton.
- Rossi, Alice (1968). "Transition To Parenthood," Journal of Marriage and the Family, 30:26-38.
- Rowe, Jane (1969). Yours By Choice: A Guide for Adoptive Parents. London: Routledge & Kegan Paul.
- Sachdev, Paul, Ed. (1983). Adoption, Current Issues and Trends. Toronto: Butterworths.
- Salzer, Linda P. (1986). Infertility, How Couples Can Cope. Boston: G.K. Hall & Co.
- Schaffer, Judith and Christina Lindstrom (1989). How To Raise An Adopted Child. New York: Copestone Press.
- Schapiro, Michael (1965). A Study of Adoption Practice. New York: Child Welfare League of America.
- Shapiro, Constance H. (1988). Infertility And Pregnancy Loss. San Francisco: Jossey Bass, Inc.
- Siegel, Deborah (1993). "Open Adoption of Infants: Adoptive Parents' Perceptions of Advantages and Disadvantages," Social Work, 38(1):15-23.

- Singer, Jerome E. and Laura M. Davidson (1991). "Specificity and Stress Research," in Alan Monat and Richard S. Lazarus, Eds. Stress and Coping, An Anthology, Third Edition (pp. 36-47). New York: Columbia University Press.
- Simmons, Valerie M. (1988). "Reconstructing an Organization's History: Systematic Distortion in Retrospective Data," in David N. Berg and Kenwyn K. Smith. The Self In Social Inquiry: Researching Methods (pp. 287-304). Newbury Park, CA: Sage Publications.
- Skolnick, Arlene S. and Jerome H. Skolnick (1986). Family In Transition. Toronto: Little, Brown & Co.
- Small, Joanne W. (1987) "Working With Adoptive Families," Public Welfare, Summer:33-41.
- Smith, I. Evelyn (1963). Readings in Adoption. New York: Philosophical Library.
- Strauss, Anselm L. (1987). Qualitative Analysis for Social Scientists. New York: Cambridge University Press.
- Strauss, Anselm and Juliet Corbin (1990). Basics of Qualitative Research. Newbury Park: Sage Publications.
- Sutton, Robert I. and Susan J. Schurman (1988). "On Studying Emotionally Hot Topics: Lessons from an Investigation of Organizational Death," in David N. Berg and Kenwyn K. Smith. The Self In Social Inquiry: Researching Methods (pp. 333-350). Newbury Park: Sage Publications.
- Tietjen, Ann Marie and Christine F. Bradley (1985). "Social Support And Maternal Psychosocial Adjustment During The Transition To Parenthood," Canadian Journal Of Behavioral Science, Vol 17(2):109-121.
- Tizard, Barbara (1977). Adoption: A Second Chance. London: Open Books.
- Tolman, Richard and Sheldon D. Rose (1985). "Coping With Stress: A Multimodal Approach," Social Work, March-April:151-158.
- Tod, Robert (1971). Social Work In Adoption: Collected Papers. London: Longman.
- Tremiere, William C. and Barbara A. Tremiere (1974). Developing Post-Adoptive Services, Task Force 7. North American Council on Adoptable Children.

- Triseliotis, John (1980). New Developments in Foster Care and Adoption. London: Routledge & Kegan Paul, Ltd.
- Unger, Donald G. and Douglas R. Powell (1980). "Supporting Families Under Stress: The Role of Social Networks", Family Relations, 29(4):566-574.
- Unger, Donald G., Penny Deiner and Nancy Wilson (1988). "Families Who Adopt Children With Special Needs," Children and Youth Services Review, 10:317-327.
- Walsh, Joseph A. (1990). Post-Adoption Needs, Services, and Impediments for Special Needs Children in Illinois. Illinois: Loyola University of Chicago.
- Ward, Margaret (1979). "The Relationship Between Parents and Caseworker in Adoption," Social Casework, February:96-103.
- Watson, Kenneth W. (1988). "The Case For Open Adoption," Public Welfare, Fall:24-28.
- (1992). "The History and Future of Adoption," Adoptalk, Fall:1-3.
- Weitz, Rose (1989). "Uncertainty and the Lives of Persons With AIDS," Journal of Health and Social Behavior, 30:270-81.
- Wertkin, Robert A. (1985). "Stress-Inoculation Training: Principles and Applications," Social Casework, December: 611-616.
- Westhues, Anne and Joyce S. Cohen (1990). "Preventing Disruption of Special-Needs Adoption," Child Welfare, Vol LXIX(2):141-155.
- Wethington, Elaine and Ronald Kessler (1986). "Perceived Support, Received Support, and Adjustment To Stressful Life Events," Journal Of Health And Social Behavior, Vol 27 (3): 78-89.
- Winter, Richard E. (1983). Coping With Executive Stress. New York: McGraw-Hill Inc.
- Wright, Beatrice (1966). "Disability And Discrepancy Of Expectations," in Biddle, Bruce J. and Edwin J. Thomas. Role Theory: Concepts And Research (pp.159-164). New York: John Wiley & Sons.

12 Summary of methodology and procedures. (Must be typewritten in this space)

Social workers in agencies which provide adoption services and prospective or experienced adoptive parents comprise the study population and will be confined to the lower mainland area of British Columbia.

This population will be canvased and a list made of voluntary participants who meet the criteria outlined in item 14. From this list purposive, availability sampling will be used to segregate subjects into interview groups or individual interview candidates on the basis of availability and their preference for participation. Group interview subjects will be divided into two categories - parents who have had an adoption placement within the past 12 months and those who have completed an approved application for adoption and are currently waiting for adoption placement. If time and sufficient numbers of subjects allows, focus group interview categories will be further divided into (1) males, (2) females, and (3) couples. Social work professionals will be contacted and interviewed individually.

Three stages of data collection are planned. The first stage will be a series of single occasion focus group interviews with experienced and prospective adoptive parents. The second stage will be individual/couple interviews with experienced or prospective adoptive parents. The third stage will be a series of individual interviews with socialwork professionals engaged in adoption services. Interviews will be recorded by audio-tape and supplemented by the researcher's field notes. A short self-administered questionnaire will be used with focus group participants.

DESCRIPTION OF POPULATION

13 How many subjects will be used? 20-28 subjects will participate in focus group interviews, 7-14 subjects in individual/couple interviews. 5-6 social workers will be interviewed.
How many in the control group?
None.

14 Who is being recruited and what are the criteria for their selection?

Subjects will be parents who have experienced an adoption placement within the past 12 mos and applicants for adoption who have completed an application and been approved for adoption by a recognized adoption authority.

Social workers engaged in adoption services recognized or authorized by the Provincial government will be recruited for participation.

15 What subjects will be excluded from participation?

Approved applicants who have waited for placement for less than six months will be excluded from the study as well as parents who have adopted on more than two occasions prior to the study period.

16 How are the subjects being recruited? (If initial contact is by letter or if a recruitment notice is to be posted, attach a copy.) NOTE that USC policy absolutely prohibits initial contact by telephone.

The Adoptive Parent Association of B.C. has invited the researcher to attend two of their general meetings to introduce the research study and ask for volunteer participants. Those who indicate a willingness to participate will be contacted further by the researcher by letter and a follow-up telephone call to schedule an interview date.

Social workers will be contacted by letter inviting participation and a follow-up telephone contact.

17 If a control group is involved, and if their selection and/or recruitment differs from the above, provide details.

There will be no control group.

PROJECT DETAILS

18 Where will the project be conducted? (room or area) Potential sites for group meetings are the researcher's home or the School of Social Work. This will be determined on the basis of group size and the most convenient access for participants. Individual/couple interviews will be held in the subject's homes. Social workers will be interviewed at a site of their preference, i.e. their offices or a restaurant, etc.

19 Who will actually conduct the study?

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20 Will the group of subjects have any problems giving informed consent on their own behalf? Consider physical or mental condition, age, language, or other barriers.

No problems with informed consent are anticipated. All subjects will be capable adults.

21 If the subjects are not competent to give fully informed consent, who will consent on their behalf?

N/A

22 What is known about the risks and benefits of the proposed research? Do you have additional opinions on this issue? Preliminary discussions with adoptive parents indicate their expectation that participation in the research affords them an opportunity to be heard and that this will benefit them. Participation is strictly voluntary and any question may be declined. Confidentiality will be strictly respected. No discomfort for subjects is anticipated. Debriefing or referral to counselling will be offered to all subjects should participation cause discomfort.

23 What discomfort or incapacity are the subjects likely to endure as a result of the experimental procedures?

See item 22.

24 If monetary compensation is to be offered the subjects, provide details of amounts and payment schedules.

N/A

25 How much time will a subject have to dedicate to the project?

Group interviews will take one and one-half to two hours; individual interviews will take approximately the same amount of time.

26 How much time will a member of the control group (if any) have to dedicate to the project?

N/A

DATA

27 Who will have access to the data?

The researcher only.

28 How will confidentiality of the data be maintained? Lists of prospective subjects and participants will be held by the researcher only during the initial stages of the project and destroyed at its completion. Interview notes, transcripts and audio-tapes will be identified by numerical coding. Group interviews will be conducted on a first name basis only for participants.

29 What are the plans for future use of the data (beyond that described in this protocol)? How and when will the data be destroyed? Audio tape recordings of interviews will be electronically erased within one month of completion of the research project. Notes and other written materials will be shredded within one month of the project completion.

30 Will any data which identifies individuals be available to persons or agencies outside the University?

No.

31 Will your project use: (check)

- ☐ Questionnaires (submit a copy)
- ☒ Interviews (submit a sample of questions)
- ☐ Observations (submit a brief description)
- ☐ Tests (submit a brief description)

INFORMED CONSENT

32 Who will consent? (check)

- ☒ Subject
- ☐ Parent/Guardian
- ☐ Agency Official(s)

In the case of projects carried out at other institutions, the Committee requires written proof that agency consent has been received. Please specify below:

- ☐ Research carried out in a hospital - approval of hospital research or ethics committee.
- ☐ Research carried out in a school - approval of School Board and/or Principal. (Exact requirements depend on individual school boards; check with Faculty of Education Committee members for details)
- ☐ Research carried out in a Provincial Health Agency - approval of Deputy Minister
- ☐ Other, specify:

33 UBC Policy requires written subject consent in all cases other than questionnaires which are completed by the subject. (see item #34 for consent requirements) Please check each item in the following list before submission of this form to ensure that the written consent form attached contains all necessary items.

- ☒ Title of project
- ☒ Identification of investigators (including a telephone number)
- ☒ Brief but complete description IN LAY LANGUAGE of the purpose of the project and of all procedures to be carried out in which the subjects are involved.
- ☒ Assurance that identity of the subject will be kept confidential and description of how this will be accomplished
- ☒ Statement of the total amount of time that will be required of a subject
- ☐ Details of monetary compensation, if any, to be offered to subjects.
- ☒ An offer to answer any inquiries concerning the procedures to ensure that they are fully understood by the subject and to provide debriefing if appropriate
- ☒ A statement of the subject's right to refuse to participate or withdraw at any time and a statement that withdrawal or refusal to participate will not jeopardize further treatment, medical care or influence class standing as applicable. NOTE: This statement must also appear on letters of initial contact.
- ☒ A place for signature of subject CONSENTING to participate in the research project, investigation or study.
- ☒ A statement acknowledging receipt of a copy of the consent form including all attachments.
- ☐ Parental consent forms must contain a statement of choice providing an option for refusal to participate. (e.g. "I consent/I do not consent to my child's participation in this study."

34 Questionnaires should contain an introductory paragraph which includes the following information. Please check each item in the following list before submission of this form to insure that the introduction contains all necessary items.

- ☐ Title of project
- ☐ Identification of investigators (including a telephone number)
- ☐ A brief summary that indicates the purpose of the project
- ☐ The benefits to be derived
- ☐ A full description of the procedures to be carried out in which the subjects are involved
- ☐ A statement of the subject's right to refuse to participate or withdraw at any time without jeopardizing further treatment, medical care or class standing as applicable
NOTE: This statement must also appear on explanatory letters involving questionnaires.
- ☐ the amount of time required of the subject must be stated.
- ☐ The statement that if the questionnaire is completed it will be assumed that consent has been given
- ☐ Assurance that identity of the subject will be kept confidential and description of how this will be accomplished.
- ☐ For surveys circulated by mail submit a copy of the explanatory letter as well as a copy of the questionnaire

ATTACHMENTS

35 Check items attached to this submission if applicable. (incomplete submissions will not be reviewed)

- ☒ Letter of initial contact (item 16)
- ☐ Advertisement for volunteer subjects (item 16)
- ☒ Subject consent form (item 33)
- ☐ Control group consent form (if different from above)
- ☐ Parent/guardian consent form (if different from above)
- ☐ Agency consent (item 32)
- ☒ Questionnaires, tests, interviews, etc. (item 31)
- ☐ Explanatory letter with questionnaire (item 34)
- ☐ Description of debriefing if deception is involved
- ☐ Other, specify:

APPENDIX C

INTERVIEW CONSENT FORM

Thank you for your willingness to consider participating in my research project titled, Waiting For Adoption. This project is being undertaken as part of the requirements for my post-graduate studies in the School of Social Work at the University of British Columbia.

My interest in the field of adoption has developed out of my past professional experience in adoption services in the Province of Saskatchewan. I have no affiliation with any agency or group which provides adoption services in British Columbia; I am currently on a leave of absence from my position with Saskatchewan Social Services.

The purpose of this interview is to obtain information about the adoption process and the aspect of waiting prior to an adoption placement. In talking with you about your experiences in anticipating adoptive parenthood, I hope to discover and describe the perspective of adoptive parents and the issues or circumstances which play a role in this part of the adoption process. Your contribution to this research is important and valuable. It is hoped that the results may be put to use to benefit those who follow you in anticipating adoption.

Your participation in this interview will be kept in the strictest confidence and at no time will the information you offer be linked to your identity. Your participation in this interview is completely voluntary and you are free to withdraw from the interview at any time. You are also free to decline answering any question without prejudice. Refusal to participate or answer any question will not affect your adoption process in any way.

Should questions or concerns about this research project arise, please feel free to mention them at any time.

The interview will require one to two hours of your time. In order to have the full benefit of your responses, I would like your permission to audio-tape our interview. The tape recording will be used solely for the purposes of my study and will be erased within one month of the project's completion.

Please indicate your consent to be interviewed and to allow the interview to be audio-taped by signing below.

APPENDIX D

INTERVIEW GUIDE

INTERVIEW OBJECTIVES: Describe and define waiting as an aspect of the adoption process. Look for when or whether this is a critical issue for parents. What does waiting mean? How is waiting experienced? How does it affect individuals and couples? What do prospective parents do in response to waiting?

1.) Introduce topic of the study.

2.) Invite study participants to tell their adoption story.

Track the process by agency boundaries: application, waiting list, homestudy, waiting, selection and placement and finalization of the adoption.

As the story unfolds, explore:

Further questions:

When did you first consider adoption?

What happened then?

What did you think? How did you feel? What did you do? Was that helpful?

What was waiting like for you?

When did you start waiting? What led up to that point?

What do you remember about that time?

What changed in your life during that time?

relationships with spouse, family, friends

work or career plans

use of leisure time

concept of self and others

plans for the future

Are there differences in how the two of you waited?

How did that affect you?

What encouraged you? What discouraged you?

What/who was helpful to you?

What about your social worker/ family/ friends/ SAPA/ others?

Did you respond to the experience of waiting different from your spouse? In what ways were your responses different/similar?

Did you ever consider changing your adoption plans?

Did you ever consider withdrawing your application for adoption?

What did you need most while you were waiting?

APPENDIX E

CODED EXCERPTS FROM INTERVIEW #6

Names of interviewees, have been replaced with the terms Husband and Wife.

CODING SCHEME: EXP = Expectation
 APP = Appraisal
 PF COPE = Problem-Focused Coping
 EF COPE = Emotion-Focused Coping
 OUTC = Outcome
 PRO = Prompter
 TIME = Time

WIFE: We decided to start our family in November of 77.

After six months, nothing happened so we went to the doctor. ... said to wait for a year. Nothing happened after that. So we went to specialists one of whom said we should consider adoption. She said it's going to take a few years by the time we get through with all the specialist stuff we could be on the waiting list. So we did start the tests but we still didn't put our names in until the spring of 1981.

HUSBAND: She's doing very well so far (leaves to care for child waking from a nap).

WIFE: Well, then it didn't take long, it was three years until we got [our first child]. We started the homestudy, we worked through that, that was in the fall and we got [our first child] in the spring. So it was actually just over 3 years - 3 years and one month. Then as soon we had confirmation from the courts, we put our names in for number two. That one took a bit longer.

Q: Okay, so that was in the fall of?

WIFE: That was October 1983. They phoned about [our second child] on [month and day] 1990. A bit longer. A little bit better than 6 1/2 [years]. That first month was

rough, that trouble we had that first couple of weeks where we were told one thing and then something else would happen.

Q: I would like to hear more about that, but first, what I'd like you to do, however, is go back to when the second homestudy was completed and tell me what happened then.

WIFE: Okay, we did our update, We did the homestudy in the summer of 1987 and

I guess because we got [our first child] }
so quickly after our homestudy, I kept } EXP
thinking it was going to be the same way }
with [our second child]. }

And later talking to other people who were getting babies and it was 2, 3 years after their homestudy. That was very disheartening.

Because we moved into the house here in }
1987 and got the kids rooms ready. [Our } P-F COPE
first child]'s room we did first. Then }
we painted [our second child]'s room, }
put up wallpaper and I made curtains and }
got a crib, }

thinking we've got to get this done }
because it could be anytime. } EXP
Anytime turned out to be 3 years later.
So that room ended up collecting a lot
of junk.

Q: How did that affect you, having the room there?

WIFE: Well, like I said, we just kind }
of collected things in there and closed }
the door. Once in awhile I would go in } E-F COPE
there and just look at the baby stuff }
and think, someday, it's going to happen }
someday. But until that day, that

someday seems like it's never going to happen. } UNC

I think HUSBAND took it a lot better than
 I did, especially with the babies happening
 within the family. My brother and his
 wife got a baby [through adoption]
 - that was 2 years ago and their baby
 was 2 days old.

}
 } PRO
 }

That was just a year after we were done
 our homestudy. We kept thinking, anytime,
 anytime.

}
 } EXP
 }

People kept saying, wouldn't it be nice
 if you got your baby girl now, then they'd
 be the same age. And then the people
 across the street had a girl 2 years ago
 too. I hope you get your baby soon, you
 know, they kept reminding us.

}
 }
 } PRO
 }
 }
 }

Q: Was it difficult when other people brought it up?

WIFE: Yeah, yeah. Have you heard
 anything? Well if we'd heard anything
 we'd have the baby. You know what I
 mean. It's not like they're going to
 say it's going to happen in 6 months,
 'cause they couldn't tell us. I kept
 phoning our social worker just to say,
 so? anything new happening? Anything
 going on?

}
 } P-F COPE
 }
 }

Q: Was that helpful?

WIFE: Yeah, in a way. It was for me.

} OUT

But I think it drove [our social worker]
 up the wall.

} APP
 }

WIFE: I found that I had to do that.
 Because we weren't getting our update
 letters anymore. Once you finish your
 homestudy, they don't send you a letter
 saying from this point forward, it could

}
 }
 } PRO
 }

take approximately this many months. }
And we were used to those letters.
Those letters were like, okay from here
we've got this much longer to wait, this
is our next step. Once you don't get } PRO
those letters you're sort of -- }

okay we've got to have something to grasp }
onto, to know that we're still on that } UNC
list. }

And other people kept saying, I know }
people in Regina who work for Social } PRO
Services, I'll see if I can get them to }
find out where you are on the list. }

But we never heard anything back. } OUT

(interruption. HUSBAND returns with child)

Q: Okay, now WIFE was talking about after the second homestudy was completed - she said she would call [your social worker] every once in awhile just to say, so? Because of being...

WIFE: ...abandoned. } UNC

HUSBAND: Oh. -- Yes.

Q: She also suggested that you tolerated this differently, the wait - she said better. I was wondering what it was like for you.

HUSBAND: After the second homestudy was done?

Q: After the second homestudy.

HUSBAND: Me, nothing was happening to }
me, eh, we had [our first child] here } EF COPE
which sort of filled that gap - }
different from the wait we had before.
And in dealing with [our social worker], }

I knew she was new and there would be no reason I thought to get on her case	} } COPE
because what is she going to do? It was just maybe her attitude - her way about her - it was so laid back and things will go and what are you going to do about it?	} } APP } } }
And then we would phone and	} PF COPE
ask this and that and we wouldn't get an answer and it would really concern WIFE	} OUT } }
and I would go, well, maybe she's got some learning to do.	} APP }
Because myself, I figured, well what are you going to do. And I thought, why worry, I couldn't do anything about it so... Just stay in touch and let her know we're here. Feed us some input every once in awhile and that's how it went.	} } } PF COPE } } }
I was frustrated for WIFE. I wasn't frustrated for me.	} EF COPE }
I was actually prepared that if things got worse to worst that one child was fine. I had accepted that. WIFE was having trouble when I would suggest that. And I thought that we have our perfect, super baby. If the girl comes along, that's great; but, if not we have attained our goal.	} } EF COPE }

Q: But you don't think WIFE got to that point?

HUSBAND: Definitely not. Most certainly not. She didn't really want

to consider that. Even [our social worker] suggested that. I think that was a policy they were following - approach certain couples who had been on the list for a certain time and say they should reconsider that.. So I was ready to accept that and WIFE was not and that's where we stood.

WIFE: No. I felt we had waiting too long to give up.

} TIME

HUSBAND: Right. But...

WIFE: We'd come this far. I'm not going to say "no" now.

}
} TIME

HUSBAND: And then this Romanian situation came up and that really made us do some soul searching.

}
} PRO
}

we were very happy we didn't have to make the final decision, it would have been very difficult.

* * * * *

WIFE: We had discussed, but no decision. And when this Romanian thing came up, then we really discussed heavily.

HUSBAND: But still no decision.

WIFE: No. They said that there was no guarantee that these children were even going to come. And then [our social worker] phoned about [our second child], she said we've got a baby girl for you, and I said how did you find out so soon, because I thought she was talking about a Romanian child.

* * * * *

HUSBAND: Well, so that kind of brought things to the forefront. But previous to that, how long before that did [our social worker] call us to change our...

WIFE: November.

HUSBAND: Yeah, November. Did we want to go with open adoption, did we want to go to male or female.

WIFE: She basically said that if you restrict yourself to an infant girl, your chances are pretty narrow. Because a lot of these biological parents are picking the adoptive parents before the child is born. And we're just being passed over because we wanted a girl.

HUSBAND: It was interesting because we
were glad that [our social worker]
phoned and approached us on this but,

we were wondering how many times we'd been
passed over. Why were we not...

WIFE: ...told sooner.

HUSBAND: Should we have been more
aggressive?

WIFE: But we didn't know the situation
there.

HUSBAND: Should we have read between
the lines? Maybe we should have taken a
more active part in our own destiny.

WIFE: That's why I had been phoning

}
} PRO
}

}
}
}

}
} UNC
}

}
}
}

}
}

}

[our social worker] to keep informed } PF COPE
about what was happening there. }

Q: So, one of the problems was a lack of information?

WIFE: And [our social worker] didn't }
know either, because she was new in that } APP
department too. }

(interruption)

HUSBAND: I don't know if WIFE }
mentioned it, but we also approached } PF COPE
Christian Counselling Services.. We're }
not fans of Christian Counselling
Services.

WIFE: But they weren't taking } OUT
applications. }

HUSBAND: So we basically wrote that off. } OUT

But we thought we'll try to get } PF COPE
our name on that as another angle. }

And then with WIFE's brother and his } PRO
wife going private. }

WIFE was more and more... } UNC

WIFE: Well, everybody was saying it }
would be nice if you got your girl, so } PRO
[my niece] would have someone to play }
with. }

HUSBAND: So maybe there again, maybe we
should have been more aggressive some
years ago and really started... But with
[our first child] only being a little }
over three years by the time we got him, } EXP
I guess we were a little complacent or }

figuring, well it might be a little bit	}	
longer. Obviously it was a lot longer.	}	
WIFE: I guess you have in the back of	}	
your mind that it would take as long as	}	EXP
the first time.	}	
HUSBAND: Well, we moved to a bigger	}	
house, we planned where we want our kids	}	
to live, what school, we both wanted a	}	PF COPE
certain neighborhood. Well, we did it,	}	
so we moved to a bigger house, we were	}	
getting things in place.	}	
HUSBAND: But another thing with waiting	}	
was that you always have people asking	}	PRO
you have you heard anything, well no we	}	
haven't	}	
and you kind of get a little negative	}	EF COPE
even though you know that they have your	}	
best interests at heart.	}	
And then when they do ask you, you wonder,	}	UNC
yeah, what is happening, you know.	}	
Then through SAPA every month you see the	}	
statistics, and you go, whoaa, that's	}	PRO
a low number.	}	
Q: Was it discouraging to read the statistics?		
HUSBAND: Well at times. Yes, it really	}	
was, but then you look at it and you say	}	
to yourself that this is more	}	
information than you're going to get	}	APP
anywhere else. So you might as well		
accept it. And then through SAPA you do		
see couples for whom it does happen		
and it does happen, there's proof that		
it happens.		

Q: And that's encouraging?

HUSBAND: Yes. That's right.

} OUT

* * * * *

APPENDIX F

PROCESS MATRIX: BECOMING AN ADOPTIVE PARENT

PART I CHILDLESS, INFERTILE COUPLES APPLYING FOR INFANT ADOPTION

	CASE #4	CASE #7	CASE #9
Prior To Application	infertility treatment wife wants to apply/ husband wants to wait	infertility treatment wife wants to apply/ husband wants to wait	infertility treatment wife wants to apply/ husband wants to wait
Application & Waiting List	continued medical treatment/ didn't think much about adoption	hopes for pregnancy high then diminish	hopes for pregnancy
Homestudy	taking action a chance to do something	moving on with it/getting closer	it went by fast
Approval	timetable-1yr	timetable open	timetable-1yr
Waiting	copng by staying busy	make list of things to do before baby	relief
Critical Juncture Waiting Strain	Time running out uncertainty	any time now uncertainty	1 yr over, time to get ready uncertainty
Selection	wait is over	wait is over	wait is over
Placement			

PART II
SECOND ADOPTION
APPLICANTS FOR INFANTS:

	CASE # 1	CASE # 6	CASE # 8
Prior To Application	1st adoption finalized certain in desire for 2nd child	1st adoption finalized certain in desire for 2nd child	1st adoption finalized certain in desire for 2nd child
Application & Waiting List	on list apply new agency no wait	waiting expected didn't think much about it	apply new agency no wait
Homestudy	wasting time	went smoothly	simple process easier than before
Approval	timetable-2yrs	timetable expected to be like before	timetable expected to be like before
Waiting Critical Juncture Waiting Strain	getting ready time running out uncertainty	getting ready time running out uncertainty	getting ready time running out uncertainty
Selection	on our way unexpected delays/fears	on our way unexpected delays/fears	wait is over
Placement	wait is over	wait is over	

PART III
SECOND ADOPTIONS
SPECIAL ADOPTION PROGRAM

	CASE #3	CASE #2	CASE #5
Prior To Application	1st adoption finalized certain in desire for 2nd child	1st adoption finalized certain in desire for 2nd child	1st adoption finalized certain in desire for 2nd child
Application & Waiting List	delay	no wait	no wait
Homestudy	wasting time	as expected no problems	wasting time delays
Approval	timetabling prior exp.	timetabling no prior exp.	timetabling no prior exp.
Waiting	getting ready	getting ready expect delays staying in touch with worker	planning for action
Critical Juncture Waiting Strain	time running out uncertainty	uncertainty	
Selection	wait is over	on our way unexpected delays/fears	
Placement		wait is over	

APPENDIX G

DENDROGRAM DATA DISPLAY COPING

PROBLEM FOCUSED COPING

-looked for newsletter stats (9)	}
-phone [the registry](9)	}
-talk to other people(6)	}
-kept phoning our social worker (6)	}
-get the monthly statistics(6)	}
-phoned social worker(8)	}
-went to SAPA for information(4)	} Information
-we contacted [another agency](3)	} Seeking
-phoned social worker, registry and Ottawa (3)	}
-we made other phone calls too.(3)	}
-phoned our social worker(7)	}
-phoned our social worker(2)	}
-And then, we waited(7)	}
-we just sat and waited (9)	}
-I tried not to bug them.(8)	} Exercising
-set dates for phone calls(2)	} Restraint
-just wait(1)	}
-took infant care class(7)	}
-prepare the nursery(9)	}
-explore other options - cover all the bases possible.(9)	}
-bought cribs, walkers (8)	}
-read newspapers for sales for baby stuff(8)	}
-applied to private agency(8)	}
-got the kids rooms ready.(6)	}
-approached private agency(6)	} Instrumental
-made sure there was a place that could be quickly turned into a nursery(4)	} Action
-changed some things in homestudy (4)	}
-trying a lot of different routes(3)	}
-put our names on both lists.(1)	}

-went to SAPA, a support group,(4)	}	
-talk - pull each other up.(4)	}	
-talk to other people are going	}	Mobilizing
through it (3)	}	Support
-talk to each other about it (3)	}	
-joined SAPA(7)	}	
-talking to spouse or a friend (2)	}	
-talk to someone who's experienced	}	
the same kind of thing (1)	}	

EMOTION FOCUSED COPING

-nothing was happening to me, eh,	}	
- I thought, why worry	}	
-I was frustrated for [my wife] not for myself	}	Denial
-if it happens, we'll think about it	}	
-absorb myself in something else	}	
-just be satisfied with something else	}	
-if it's going to happen, it's going to happen	}	
-forget it, we'll never get a baby	}	
-overwork so you wouldn't think	}	
-I got very angry, with [husband]	}	
-I don't want to talk (8)	}	
-doing things just as a routine,	}	
in a plodding kind of fashion.(4)	}	
-didn't tell a lot of people(4)	}	
-hope nobody asks about it(4)	}	Distancing
-I was sarcastic [in response to	}	Displacing
questions](1)	}	
-put your emotions on the shelf(1)	}	
-play a juggling act (4)	}	
-doesn't talk about it (1)	}	
-get a little negative [responding	}	
to questions (6)	}	
-we didn't anticipate an adoption.(1)	}	
-focus attention on living rather	}	
than waiting(1)	}	Redefinition
-prepared to accept one child was enough(6)	}	
-go to [the nursery] and sit with one	}	
of the teddy bears and say we're	}	
going to have a baby one day(9)	}	Escape/
-look at the baby stuff and think,	}	Fantasy
someday it's going to happen (6)	}	
-God has destined a baby for us(9)	}	
-felt we failed, we weren't good	}	
enough; I felt rejected(4)	}	Self blame
-knew it would be my fault(7)	}	
-I'm probably too old already(9)	}	