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ADOPTION TALK
AND
THE SOCIAL CONSTRUCTION
OF MOTHERHOOD

Sally Ruane

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Submitted for the degree of PhD

University of Durham,
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ABSTRACT

This study investigates what can be learnt about motherhood from the adoption process. In particular, it focuses upon the experiences of natural mothers who consider relinquishing newborn babies for adoption, and draws chiefly upon accounts given in semi-structured interviews by mothers and professionals involved in the adoption process. These accounts are analysed with a view to finding out what meanings individuals confer on pregnancy and motherhood in specific circumstances; what explanations and justifications are offered for decisions taken regarding the possible placement of the infant; what identity threats women experience as a result of pregnancy outside marriage and their involvement in the adoption process; what expectations exist regarding maternal behaviour and feeling in relation to the child; and how women conceive of themselves as mothers when they lose their children through adoption. The rhetorical and performative aspects of accounts offered, particularly in view of the significance of motherhood choices for women's respectability, are addressed in some detail.

Gaining access to the field has proved difficult, in part because some professionals believe only social workers should carry out such research. The difficulty of obtaining access in the ways at first intended led to a modification of the original research design. In this way, methodological issues have become a more prominent part of the study.

The research has identified various processes through which motherhood is socially constructed in the adoption process. Justifications of the decision taken make appeal to such values as the best interests of the child, maternal self-sacrifice, realism, the irreplaceability of the mother-child bond, and family integrity. Considerable variation is permitted regarding the behaviour of the mother to her child, but strong expectations exist concerning maternal feeling. Women believe they have a continuing obligation to their 'lost' children, particularly to agree to contact should the child so wish and to provide an account of the decision.

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CHAPTER I: INTRODUCTION

Introduction

This thesis is about what we can learn from baby adoption about motherhood, particularly what we can learn from the 'adoption talk' of those involved. It is about the nature of choices about motherhood in contemporary society; about the ideas people have of good mothering and bad; about what is considered maternal and what is not; about the way women cope emotionally with separation from a baby and how others enable them to do this; about maternal rights and responsibilities; about what counts as a good reason for keeping a baby or a good reason for letting it go; about circumstances considered propitious for motherhood and those thought inappropriate. In this introductory chapter, we shall preview what the reader can expect to find in this work.

The thesis starts from the assertion that motherhood, far from being reducible to a matter of biology, is socially constructed. Evidence is offered across time and society which supports this contention. At the same time, various conceptualisations or theories or versions, of motherhood have developed over the past two or three centuries, it is suggested, which hold that motherhood is essential for feminine fulfilment and maturity. These conceptualisations have been challenged in a feminist discourse which questions the ahistorical and mystical qualities assigned to motherhood.

Part of the supposed 'naturalness' of motherhood in the West is the coinciding of biological and social maternity: babies are (usually) raised by the women who gave birth to them and this is perceived as 'natural' (Mathieu, 1979). This study focuses upon a moment when this assumption of social motherhood following biological maternity is not natural, smooth or taken for granted, but rather questioned, doubted, rationalised, anguished over or simply rejected. This moment is where women decide for or against surrendering their babies for adoption.

Although 'problem' pregnancies are not confined to single women (this is suggested by the fact that 24% of all terminations in 1987 were to legitimate maternities, see Appendix I, table 9), the meaning of pregnancy according to its occurrence outside or within marriage has been frequently noted (Gill, 1977; Macintyre, 1976a, 1976b). In particular, illegitimate pregnancies have been defined as stigmatising. Furthermore, adoption appears to be a 'solution' to the 'problem' posed by illegitimate rather than legitimate pregnancies. The overwhelming majority of infants adopted by non-parents are illegitimate. There are married women who surrender infants but these are usually babies whose father is not the mother's husband. (In 1984, only 110 out of 1805 infants adopted by non-parents (excluding 'sole adoptions', ie adoptions by one parent only) were legitimate, see Appendix I, tables 11 and 12). In this study, all mothers were single (never married) at the time of the interview.

The objective of this thesis has been to examine the way in which motherhood is constructed within the adoption process. This has been tackled through collecting the accounts of those involved in adoption and on the basis of these:

- 1) examining the way in which the circumstances of single pregnant women are interpreted, including the definition of the pregnancy as 'problematic';
- 2) examining the beliefs about and expectations of maternal feeling and behaviour;
- 3) examining the range of explanations and justifications offered for the decision eventually taken about the baby's future;
- 4) examining the manner in which mothers manage identity threats arising from their 'problem pregnancies' and from the methods they adopt to resolve them; and
- 5) examining these issues from the perspectives of mothers and professionals who are or have been engaged in the adoption process.

We examine the way this uncertainty and the transition to single motherhood or the renunciation of motherhood is talked about, negotiated, justified by those engaged in the adoption process and who play some role

in the mother's adoption 'career', including the woman herself. These collected accounts help demonstrate how the transition is conceived of and shaped, and what sorts of things are considered 'relevant' to motherhood. We consider what explanations and justifications are offered for particular decisions, what criticisms are made, how the dilemma is articulated and argued over. Accounts of the adoption decision reflect social processes at work: ideological processes of belief, value and assumption; interpersonal and institutional processes facilitating and hindering lines of action and conferring meaning; political processes which entitle or disempower, shaping access to material resources.

The accounts given to varying degrees make reference to the political and economic processes of resource distribution and access. In particular, the workings of the labour market, the housing market, the social security system and childcare provision (or its absence) are part of an 'objective world' subjectively interpreted (Blumer, 1929; McHugh, 1968). A detailed examination of the processes shaping access to such resources is not the purpose of this work, but this aspect of the analysis of collected data is taken up in the concluding chapter to provide a broader context for the interpretation of accounts.

The accounts also reflect other social processes. For instance, that of interpersonal negotiation in defining the situation and in defining the 'solution' or an appropriate response to the situation. The institutionalised practices of hospital staff as the mother passes through her confinement are also constitutive of meaning, embodying assumptions and objectives regarding appropriate motherly behaviour. The accounts analysed both describe and constitute beliefs and assumptions about 'good' and 'bad' mothers, about what good mothers do (or do not do) and, particularly, what they feel. The question of feeling and emotion emerges as a prominent feature of these accounts about motherhood choices: beliefs about what 'typical' or 'normal' mothers feel about their babies and what they feel when they intend to place their babies for adoption. However, there is also considerable debate over these issues. Meanings conferred may be radically altered in response to a single change or difference in

context and different lines of reasoning may be deployed to justify different meanings or definitions.

It is clear from this that particular attention is paid in this thesis to the meaning assigned to events and situations by those involved. This research does not follow in the tradition of those who have approached the adoption choice with a view to establishing statistical association and predicting outcome (eg Meyer et al, 1956; Jones et al 1966; Yelloly, 1965). Rather, the meanings and values individuals confer upon events and circumstances are considered essential to understanding behaviour. These meanings and values are learned through communication with others (Rose, 1962). We shall be examining the way in which circumstances come to be defined by those involved. This follows the approach of Thomas, Mead and others, in distinguishing between a given set of circumstances and people's perspectives on them (McHugh, 1968). Both 'objective' features of the situation and the subjective interpretation of them are crucial in determining action. The process of defining a situation is a social one. This is because the individual:

"has to take social meanings into account, interpret his (sic) experience not exclusively in terms of his own needs and wishes, but also in terms of the traditions, customs, beliefs, aspirations of his social milieu." (Thomas and Znaniecki, cited in Blumer, 1929:57)

It is social also because definitions are modified through interaction with significant others. The extent to which different definitions exist within and across groups of people is a matter for empirical investigation.

While motherhood is acknowledged, for various reasons, as central to a contemporary cultural definition of women's identity, the precise meaning of a pregnancy to a woman will depend upon her own set of circumstances, biographical, material and social, and upon the definitions of those around her, her 'significant others'. It is acknowledged that the meaning of pregnancy has been observed by many to depend decisively upon the woman's marital status. We look at how a woman defines the meaning of

pregnancy and motherhood in this context, how she resolves the dilemma about keeping or surrendering her baby, and how she accounts for this in a way which maintains and displays her identity as a 'good mother'. Thus, as well as looking at the ways in which this choice about motherhood is formulated and composed, the thesis examines the ways in which these women construct their identities not only as mothers (presumably more problematic when they relinquish the child), but also as respectable mothers, as mothers who care, are responsible and reasonable - in short, who are 'normal'.

The parameters of the thesis

One of the limitations of this study concerns the method used and, thus, the nature of the data collected. First, the study has been carried out in the North East of England. There are a number of reasons, related to location, why we should treat with caution any attempt to generalise the findings to a broader population: for instance, the nature of the family in the North East, which is considered by some to be stronger or more coherent than in other areas of the country (for acknowledgement of family diversity see, for instance, Barrett and McIntosh, 1982); also the housing market in the North East differs from that in many regions: in certain areas there is a crude surplus of stock, which permits 'liberal' allocation policies, and a greater availability of houses as opposed to flats. Both of these factors feature in accounts of adoption decisions. Second, the approach to the investigation of these matters is not that of participant observation (the discussion of difficulties in gaining access to the field in Chapter 4 demonstrates the impossibility of this, though the process of gaining access can itself be seen as an exercise in participant observation), or a large scale statistical survey (considered from the outset ill-suited to the purpose of acquiring detailed accounts of decision-making processes), but the examination of retrospective accounts, given in semi-structured interviews, by those involved. Every data-set presents its own problems for interpretation and this is no exception. Particularly, the perceived importance of motherhood as part of a woman's identity and respectability and the 'deviant' nature of adoption suggest the justificatory nature of such accounts and their rhetorical

purpose. The status as talk of the greater part of the data collected and the fact that talk is a problematic phenomenon will be addressed in some detail.

Another point to make here concerns the focus of the study upon adoption as an outcome to single pregnancy rather than upon all possible outcomes. The limitations of such an approach have been discussed by others (eg Macintyre, 1977:ch2). However, the research was designed to examine not the resolution of pregnancies which occur outside marriage, but the contingencies and shifts in definition which constituted and resolved a dilemma about adoption. This work, consequently, does not tell us very much about what distinguishes women in the adoption process from others who find themselves pregnant outside marriage. Rather, it provides an account of critical processes and events within the adoption process and how these both reflect and re-constitute conceptions of motherhood and maternalism. As a result of this focus upon adoption, the pregnancies of the women interviewed here and of the clients/patients of professionals interviewed can be seen to have been defined as 'problematic'. However, this should not be taken to infer that all non-marital pregnancies are thus defined.

The study stays with the natural mother in the adoption process. This does not mean that the accounts of others are not considered. On the contrary, key players in the mothers experience of the adoption process provide accounts of their own perspectives of the mother's dilemma. These professionals are, firstly, social workers: adoption workers and hospital-based social workers and secondly, though to a lesser extent, hospital nursing and midwifery staff. Problems in negotiating entry into the field suggested that attempts to gain access to other parties through the mother (eg her parents or the baby's father) would be likely to jeopardise her own involvement in the research, and the accounts of these parties have not been collected here. Additionally, this research does not focus upon the adoptive family or adoptive mothers, save in relation to the natural mother's conception of the purpose or meaning of adoption and in relation to her involvement in planning for the baby's placement. Studies (eg McWhimmie, 1967; Tizard, 1977; Kirk, 1963) of adoptees and the adoptive

family are understandably more numerous than those examining the experiences of the natural mother and a decision has been taken here to prioritise the latter. We should also point out here that while decisions both for and against adoption are investigated, there are certain shifts in focus at different moments in the thesis. For instance, among the chapters presenting empirical material, the first two deal with accounts of either decision, while the latter two look in greater detail at elements of the decisions to place. The concluding chapter takes up the matter of the conditions of single parenting and the relationship of this to relinquishment.

An outline of the thesis

The thesis can be divided into four parts. The first part sets up the issues under study in this work. Certain elements of debates about motherhood emerge and these come under closer scrutiny in chapters presenting empirical data. Chapter 2 outlines the way in which motherhood has been recognised as problematic and examines evidence for its constructed nature and the reputational character of motherhood choices. Chapter 3 takes up some central concepts which have emerged from the preceding discussion and these theoretical concepts are used in later chapters in the analysis of empirical data. Additionally, since an individual's choices about motherhood carry implications for the way others perceive her and we can expect explanations of choices to have rhetorical functions, various theoretical issues entailed in the analysis of 'talk' are addressed. This chapter, finally, presents a summary of the issues which emerge for investigation in a study of motherhood and adoption.

The second part, chapters 4 and 5, deals with methodological matters, how the issues under study came to be researched in the field. Chapter 4 provides an account of failure to gain access to the field in the ways originally anticipated and the methodological considerations which have arisen from this. Chapter 5 then describes the nature of access successfully negotiated and the shift in the focus of the research.

Part three, the following four chapters, presents some of the data which have been collected. The first two of these present the accounts of mothers and professionals in relation to the placement decision itself. The following two focus on subsidiary aspects of this decision. Chapter 6 examines elements of the stories which natural mothers have recounted about their decisions relating to the adoption placement and Chapter 7 examines what professionals, most notably social workers, have themselves said about the adoption decision. This separation of client and professional accounts has not, however, been adhered to strictly, since some features could best be examined through several perspectives simultaneously. Chapter 8 focuses upon the way in which natural mothers planning to surrender infants are enabled to construct their mother-role, to 'act out' their motherhood. Chapter 9 focuses upon the emotional aspects of motherhood - upon beliefs and expectations of maternal emotion and its relation to the adoption decision. Each of these four chapters examine the representations of motherhood which individuals draw upon in constructing their accounts and the sorts of persuasive and rhetorical devices deployed for convincing their audiences of the appropriateness/rightness of their actions and those of others. These include conceptions of good and bad mothers (and mothering) and the kinds of circumstances considered appropriate or otherwise for motherhood as well as the sorts of motives and intentions avowed and imputed for relinquishing or keeping a baby.

The concluding chapter, Chapter 10, develops some of the themes which arise from an examination of the data.

The appendices provide a selection of relevant statistics (Appendix I); some documentation relating to access in the field (Appendix II); a brief history of adoption (Appendix III); and an outline of mothers' adoption careers (Appendix IV).

At this stage, we can outline the contents of these chapters in greater detail. In Chapter 2, we see that motherhood itself has been recognised as problematic over the past twenty years or so. Allegedly widespread beliefs about motherhood and mothering have been challenged. This has arisen as a

result of historical legacies, recent societal changes and the emergence of a vocal feminism able to articulate a range of 'debates' around motherhood. This feminist discourse is seen itself to contain contradictory elements with a broad shift over time away from an attack on motherhood as symbolising female self-subjugation and towards an acknowledgement of the complexity of women's experiences of motherhood and an examination of the nature of choices made regarding motherhood. There exist, therefore, different conceptualisations of motherhood, comprising ideas and beliefs about its meaning, prescriptions for its content, behavioural and emotional, and theories about its relationship to other socially defined phenomena, notably childhood and femininity, but usually also embodying, explicitly or implicitly, some notion of the needs of society.

A distinction is made between biological and social motherhood, and their character as culturally organised and achieved is demonstrated. In modern Western societies biological and social maternity usually coincide and this is perceived as 'natural'. The perceived 'naturalism' of this coincidence of biological and social motherhood disguises, even negates, the issue of 'choice'. A distinction is made between choice at a cultural or societal level and choice at the level of the individual. The centrality of choices about motherhood features in several conceptualisations of it, but with different meaning. Some see motherhood as central since it is the main source of feminine fulfilment where its rejection or 'bad' choices may even be taken to indicate pathology. Feminists, however, contend that its elevation culturally determines that choices about motherhood will shape the view others have of women and which they have of themselves. In other words, they concur that motherhood is central to women's identity and respectability. Adoption is one possible choice and although it has been traditionally viewed as a solution to illegitimate pregnancy, its rarity now suggests that justifications for it will be carefully constructed.

Chapter 3 begins with a discussion of certain key organising concepts which arise from the previous chapter, such as 'social role' and 'emotion', and which are used in the analysis of empirical data in later

chapters. Second, it is suggested that the accounts given by informants are not merely taken-for-granted resources for the analysis of motherhood and adoption, but are themselves problematic. A number of approaches to the analysis of talk are discussed and it is acknowledged that its expressive and functional character is itself revelatory of the relationship of the adoption choice to concepts of good mothering and respectability. Finally, the first part of the thesis is closed by an outline of the issues for examination which emerge from the previous analysis. These issues concern the meanings women confer upon their pregnancies and the prospect of motherhood; the sorts of factors women talk about in making sense of their adoption deliberations which indicate what motherhood 'is about'; how women identify themselves as mothers in the context of giving up their children and what roles as mothers they construct for themselves; how the emotional components of the role of mother are handled by those planning relinquishment; how choices about motherhood constitute a test in respectability.

In Part II, chapters 4 and 5 describe the implementation of the research project which examined these issues. The first of these, Chapter 4, in fact describes the non-implementation of the research originally envisaged. It proved impossible to gain access to the field in the manner hoped for at first. The 'story' of this failure constitutes, however, an important part of the thesis, since it does form part of the whole research process. First, it provided an opportunity to observe the responses of professionals faced with a request for access by an outsider. As such this can be understood as an experience in participant observation, and its outcome a research finding. Second, this process of negotiation through formal and informal means yielded substantive information about the adoption process. Third, this early making and extending of contacts, establishing a familiarity among 'gatekeepers' with the research and researcher, helped shape the later redesigning of the project and the broadening of the range of informants. Fourth, these early and discouraging experiences in the field played an active part in altering the researcher's conception of what social research actually is.

The chapter describes attempts to gain access to mothers considering relinquishment through two different channels, both controlled by professionals. It also examines some of the methodological issues which arose, for example, aspects of professional 'gatekeeping' and methods of persuasion in the field.

Chapter 5 describes the redesigned research project, that is, the research project which was implemented. This entailed a shifting focus from the mothers' definitions to the perspectives of different categories of key actors within the adoption process. It also entailed, in keeping with this, the redefinition of the central research topic: namely, that outlined at the beginning of this chapter and developed in chapters 2 and 3. Matters of informant selection, interviewing process and data analysis are also discussed.

Again, a number of issues are taken up for closer scrutiny. One concerns the suggestion put forward by some professionals that only those with systematically acquired professional skills qualify for interviewing women undergoing this potentially painful experience. Particularly, the alleged connection between such skills and both researcher 'neutrality' and emotion management is examined. Another matter concerns observations made of the interviewing process, for instance methods employed to facilitate information giving. In relation to data analysis, the proper recognition of the data as 'talk', (with implications for analytical method), and of the size and composition of the sample, is connected with considerations of the appropriate claims to 'sociological knowledge' which can be made upon their basis.

Part III, chapters 6, 7, 8 and 9, puts forward an analysis of empirical material drawn from interviews with mothers and professionals. Chapter 6 examines the accounts of mothers who had decided either for or against adoption. This chapter begins by drawing attention to various distinctions to be made when using such notions as 'decision' and 'decision-making'. Then a range of aspects of the 'adoption career' and decision-making process of these mothers is explored. Particular attention is paid to the powerful role of socially negotiated definitions for precluding,

permitting or determining future action. Different, sometimes competing, definitions of motherhood and adoption emerge, along with different modes of reasoning for adoption or for keeping. Recurrent themes include identity, threats to identity and coping strategies.

Chapter 7 turns to the accounts of professionals, mostly social workers, and draws from interview and questionnaire material. It illustrates particularly the language used by professionals relating to the placement decision and suggests this is drawn from different and co-existing themes within professional ideology. A discussion of the sorts of factors social workers believe important in determining the 'right' decision is followed by an examination of the circumstances considered to indicate, first, keeping, second relinquishing. On the whole, social workers spent more time describing 'bad' mothers (who should surrender) than 'good' mothers (who may keep).

This leads to a consideration of the 'social control' aspect of the social worker's job. Ambiguity in role objectives could be seen in worker ambivalence in admitting to advice-giving or even to preferences in final outcome for a given case, and in confusion regarding the identity of the 'primary' client. References to 'right decision' and 'right decision for her' may be seen as linguistic devices for resolving some arising dilemmas.

The social workers' greater awareness of constraints upon the mother's decision-making is contrasted with the nursing and midwifery emphasis upon the mother's 'right' to make 'her own' decision. Various types of constraint upon decision-making are examined in more detail. One concerns a 'system' of beliefs and practices which are alleged to stifle the fears and doubts of pregnant and newly delivered women regarding motherhood. This is linked by social workers both to a cultural stance towards suffering and loss, and also to a certain hesitancy regarding their own work. Another perceived constraint referred to is maternalism itself: the strength of maternal emotion is believed to jeopardise reason. This raises the question of identifying the 'true' decision and appropriate social work practice.

Chapters 8 and 9 turn to a consideration of secondary decisions, faced by mothers who plan relinquishment, which are concerned with the manner in which separation is to be achieved and endured. Chapter 8 takes up the concept of social role and views the peculiarities of a woman's transition to 'childless motherhood' through her construction of what we have termed here 'mother-role' - how she enacts her motherhood. Here, we shall look particularly at first, decisions regarding planning for the adoption placement (including involvement in selecting substitute parents) and second, decisions regarding the nature of a possible future relationship with the child.

Some notable characteristics of this mother-role are pointed out and certain debates within the recent history of adoption practice are suggested as antecedents to current developments. The construction in each case of a unique mother-role by the woman planning to surrender her baby is also viewed as part of a strategy for helping her cope with potential or actual threats to her identity. The chapter closes with a consideration of the views held by mothers who had relinquished babies of possible future reunions with their 'lost' children.

'Emotion talk' is prominent in the accounts of both mothers and professionals. We also see in a previous chapter, Chapter 3, that increasing attention is being paid within the social sciences to emotion. Chapter 9 focuses upon this significant characteristic of the role of mother and examines the ways in which it is interpreted and 'managed', particularly during the confinement period. The expectations of professionals regarding maternal emotion following delivery are outlined plus a number of theories deployed by social workers faced with the 'problem' of the client who fails to express any emotion for her baby. Such mothers pose a real epistemological dilemma for social workers which is resolved through recourse to standard professional principles, such as self-determination.

Conflicting objectives in the confinement period (relating to first, successful implementation of the adoption decision and second, preparation for a healthy grieving process) are described, and these are considered to

require the management of emotions such as desire for the child, guilt and loss. Hospital practices represent some institutionalisation of emotion management techniques. The transition to a childless motherhood through these hospital rites of passage is seen to be construed primarily as an emotional rather than as a medical event.

The final chapter concludes the thesis by bringing together various strands within previous chapters. Rather than summarising systematically what has gone before, it addresses some of the theoretical issues raised in chapters 2 and 3 by applying empirical material from the later chapters. It examines some of the main features of the definitional processes reported by mothers in their accounts. It is through these processes that the meaning of motherhood is conferred. Next, it identifies some major characteristics of motherhood and the nature of the 'problems' posed by pregnancy outside marriage. Following this, it outlines the sorts of justifications presented by mothers and professionals for decisions regarding the baby's future. These tell us what circumstances are considered culturally 'appropriate' or 'inappropriate' for motherhood. We then focus upon broader social processes which construct experiences of motherhood: these are political and economic policies and practices which determine entitlement and access to employment, income, childcare and housing. After considering how women identify themselves as mothers following adoption and linking this to the 'social identity of adoption' as an institution, we consider some implications for adoption work practice and some possible directions for future research.

We turn first of all, however, to examining some existing debates about motherhood, and considering what contribution to these an investigation into baby adoption can make.

CHAPTER 2: MOTHERHOOD, MATERNALISM AND ADOPTION

Introduction and definitions

In later chapters, the accounts of women and professionals involved in the adoption process are analysed as a means of finding out about motherhood. Beforehand, though, we shall examine how motherhood has come to be defined as 'problematic': no longer 'obvious' or taken for granted, but a topic of investigation; and how studying adoption can contribute to this investigation.

A framework is provided within which to locate adoption choices and draw out the issues which require examination. The view is accepted that motherhood is not a 'natural', obvious phenomenon, but constructed, a cultural artefact. This is demonstrated by considering, first, how conceptualisations of motherhood have changed through history, and second how choices about motherhood vary across different societies. It suggests there are at present competing conceptualisations of motherhood within academic and professional endeavour. These conceptualisations assign different meanings to motherhood, its functions, significance and content, though they concur in the belief that motherhood choices carry implications for women's identities. On the other hand, it is suggested, though differing conceptualisations lay claim to understanding how motherhood 'really is', and the feminist project in particular asserts the existence of an 'ideology' of motherhood which distorts 'reality' and serves to disadvantage and control women, in fact the values and beliefs of 'ordinary' members of society are less well documented. It is proposed that the accounts of individuals in the adoption process can provide a distillation of meanings assigned to motherhood at a particular point of choice.

Adoption has been legal in this country since 1926 (1930 in Scotland) and has been traditionally associated with illegitimate children and the effectively parentless (Heywood, 1959). The majority of infants placed for adoption in non-related families are illegitimate and adoption has been seen as a 'solution' to illegitimacy (for example, in 1981, of 2,365

infants placed for adoption, 2,211 were non-parental adoptions of illegitimate children. See Appendix I, Table 15). Baby adoption has been declining in the UK since its peak in 1968, when legal abortions first became available (Abortion Act, 1967). The problematic nature of illegitimate pregnancy and unmarried motherhood is, for many, part of 'what everybody knows', part of a common stock of knowledge as many observers have also noted (Renvoize, 1985; Macintyre, 1977). However, the picture is complex. While Tables 8 and 9 (Appendix I) demonstrate the disproportionate ratio of legal terminations to conceptions outside marriage, Table 8 also indicates the decline in the percentage of extra-marital conceptions resulting in termination. The rate of extra-marital conceptions has increased substantially over the past twenty years and their outcomes have altered. Fewer women choose marriage and adoption as resolutions to this 'social problem', whilst abortion and single motherhood have become more widespread (see Appendix I, Tables 4, 8 and 14 for details); and increasingly, illegitimate babies are jointly registered (Table 5). This suggests an ambiguity in the position of the woman who becomes a mother outside marriage, a simultaneously accepted but stigmatised position. All of the mothers interviewed for this study were single women and evidence of this ambiguity recurs throughout much of the empirical data presented in later chapters.

Despite the declining popularity of adoption, it still represents a 'site' for the examination of ideas and beliefs about motherhood and maternalism. In fact, it is precisely because of its rarity and 'deviance' in the statistical sense (and, for some, in the normative sense) that accounts and everyday explanations of those engaged in the adoption process can be expected to furnish a range of justifications, excuses and criticisms in relation to specific decisions in specific circumstances relating to motherhood. In this thesis, we take seriously the justificatory nature of the 'talk' generated in interview and consider the examination of rhetorical displays found in argument about moral and ideological issues an important part of the investigation into motherhood and the adoption decision. In the next chapter, we shall outline approaches to the analysis of the justificatory and rhetorical functions of talk, whilst here, we shall examine precisely why the issues are moral and ideological.

It is important at the outset to clarify what is meant by certain concepts we shall be using. First, we have already referred to both 'talk' and 'accounts'. The first of these will be used generically with reference to data gathered through interviews, while the second is used more restrictively to refer to the 'everyday' (ie non-scientific) explanations of events, behaviours, processes under study contained within such talk.

Second, we shall be making a distinction among two terms which appear below. 'Conceptualisation', which of the two carries the lesser theoretical baggage, will refer to sets of beliefs, ideas, values and assumptions. 'Ideology' is more anguished over by theorists. Here, it is used to denote a system or framework of beliefs, values and assumptions which fulfils a certain controlling or constraining purpose through distortion and which serves the interests of particular groups (see Abercrombie et al, 1984, for a brief but fuller definitional discussion).

Last, we shall consider in detail two further central concepts: 'maternity' (or motherhood), and 'maternalism' (or motherliness). Maternity or motherhood (they will be used interchangeably in this work) encompasses both 'biological' motherhood and 'social' motherhood. This distinction is made in dictionary definitions (see Ball, 1970, for a discussion of the place of dictionary definitions in sociological study). For example, the Collins English dictionary defines motherhood as i) the state of being a mother; and ii) the qualities characteristic of a mother; whilst defining a mother as i) a female who has given birth to offspring; ii) a female substituting in the function of a mother; and iii) a female or thing which creates, nurtures and protects etc something. Thus, biological and social motherhood can be distinguished most simply as follows: the first is understood as a genetic or gestational relationship to the child; social motherhood, on the other hand, is the assuming of the maternal duties, behaviours and rights (which pertain to the social world), with respect to a given child.

Maternalism, or motherliness, on the other hand, refers to the possessing of those behavioural and emotional qualities assumed to be typical of a mother. The 'maternal' woman is the woman who feels and behaves in a

'motherly' way. The Collins dictionary defines motherly as: of, or resembling a mother, especially in warmth and protectiveness; and maternal as: of, relating to, derived from or characteristic of a mother (Collins English Dictionary, 1979). The OED (1989) definition refers to protecting, caring, controlling and supervising (Oxford English Dictionary, 1989).

A careful reading of this reveals that at their most basic and simple, motherhood and motherliness are opened up to the influence of the social. The biological mother is not necessarily the nurturing (social) mother; mothers do not function in a social vacuum. Furthermore, it becomes evident that the notion of the 'biological' is troublesome, since we can find developments outside biology and in the realm of the social decisive: consider, for example, the social and technical practices which break the link between gestation and the genetic (see, for instance Stanworth's edited volume, 1987a). We shall return to this shortly.

These definitions of motherhood suggest it can be looked upon as a 'role', comprising a range of physical and emotional behaviours. Roles are sets of qualities and styles of behaviour which are associated with particular social positions (see Biddle, 1979; Goffman, 1961; Dahrendorf, 1973; and chapter 3 below). In modern Western culture, mothering encompasses availability, emotional and physical, to the child (Bernard, 1975; Dally, 1982). The emotional aspects of motherhood and maternalism can refer both to feelings about having a child as well as feeling towards a given child. Both of these have been the referents of 'maternal instinct' or 'maternal drive' (Oakley, 1974b). Maternalism also refers to appropriate behaviours vis-a-vis the child from direct physical nurturing through child-rearing practices to other behaviours which are deemed to have some impact upon the child. This can include behaviours whose connection with motherhood and maternalism may not be immediately apparent (eg choosing whether or not to take up paid employment). Defining maternalism in this way enables us to examine the peculiarities of the 'mother role' (as it is termed here) of the mother who intends relinquishment and permits us to conceive of 'good' and 'bad' mothering and thus, the 'good' and 'bad' mother. Likewise, the distinction made between biological and social maternity facilitates the examination of circumstances in which motherhood, in each

of its aspects, is deemed appropriate or inappropriate, desirable or undesirable.

Changing conceptualisations of motherhood

Several observers have noted a number of themes which feature centrally in a post-war period conception of motherhood, found in the literature and documentation of child care experts and professionals. Before outlining these, however, we should first consider historical changes in conceptions of motherhood. Notions and beliefs about motherhood and maternalism have developed historically and in specific social contexts. What follows is not a comprehensive history of such developments, but an outline of some major shifts in conceptualising motherhood which demonstrate the cultural specificity of its place in the lives of women and its role content.

A number of studies have presented documentary evidence to support an argument that the meaning of motherhood has been constructed and constructed anew in succeeding epochs. These documentary sources include medical pamphlets, religious tracts and magazines, advice booklets, the writings of philosophers, moral entrepreneurs and philanthropists such as factory reformers and, later, caseworkers and refuge administrators, the papers of health visitors, school inspectors and so on. The significance of motherhood in the social definition of women has altered as economic restructuring has modified the productive function of the family. Additionally, children's needs have been repeatedly redefined (often in association with the changing political and economic ambitions of the state). Both conceptions of motherhood and prescriptions for motherhood have shifted through history.

Feminists have plotted the fate of the family, in both its working class and middle class manifestations, through the transition to capitalist industrial development and through the creation, consolidation and collapse of the Empire (see Hartmann, 1982; Oakley, 1974b; Chodorow, 1977; Brenner and Ramas, 1984; Davin, 1978). Crucial in these developments were the separation of the home from the workplace and the physical struggle for survival of the working class family, as mothering, household

maintenance and paid work became increasingly difficult to reconcile. Some have seen the exclusion of women from certain areas of paid employment in the nineteenth century and the emergence of the 'family wage' as critical devices in the redefinition of activity on the familial site and of motherhood itself (for varying analyses, see Walby, 1986; Brenner and Ramas, 1984; Barrett, 1980; Barrett and MacIntosh, 1980).

Several writers have traced current notions of motherhood back to the late eighteenth century and early nineteenth century (Badinter, 1981; Dally, 1982; Moroney, 1985). A number of ideas are reported as developing around this time which constituted an idealisation of motherhood, and its elevation to sacred proportions. The mother-child bond was of a quality and nature distinct from any other human relationship and this, it was believed, conferred responsibility for the moral and spiritual well-being, even salvation of the child, as well as the power of influence.

Badinter (1981) examines documentary evidence from the past 500 years in France to demonstrate variability in maternal feeling and behaviour and to suggest that current notions of maternal love as universal and instinctive are the creation of the late eighteenth century. Widespread (though not ubiquitous) maternal indifference and neglect came to be supplanted by motherly devotion and self-sacrifice. A pro-natalist policy aimed at populating the Empire, plus Enlightenment ideas, particularly those of Rousseau, created an atmosphere of obligation and engendered a myth of maternal instinct. Mothers were promised happiness, equality and power, and many found - depending on class position - a social satisfaction and an emancipation through a new status as 'domestic monarch' and participation in an universally acknowledged activity. The 'sanctification' of motherhood was articulated through a religious vocabulary (maternal sacrifice, maternal vocation etc) as motherhood became a repository for society's idealism ("It was believed that the only good mother was a 'saintly' woman", 1981:180). The 'ideal' mother delegated no responsibility; she found virtue in the trivial and was available and dedicated at all hours. Motherhood, however, also came increasingly to be associated with self-sacrifice, anxiety, necessary

suffering, loss of liberty, guilt and frustration. (The new ideology was, thus, not without its oppositional themes.)

Moroney also notes that a 'more intensive and exclusive' motherhood came to be prescribed:

"Alarmed, on the one hand, by high rates of infant mortality revealed by early population surveys and, on the other, enraptured by Rousseauian views of childhood educability, medical and social theorists expanded the role of the good mother from one who suckled her child to one who was all to her child - teacher, companion and devoted nurse." (Maroney, 1985:48)

Comparable observations have been made of motherhood in Britain, particularly in relation to direct state intervention to redefine the role of mothers. A shift towards extending the dependency of children upon their parents (through, for instance, employment regulation and the extension of schooling provision and expectations) was accompanied by an increasing significance placed on motherhood. Employment restriction legislation from the 1840s focused increasingly upon curtailing the work day of women (as well as children) and upon excluding them from certain occupational areas (Henriques, 1979; Fraser, 1984). One rationale for this was the need to protect order in the home, by maintaining the father/husband as the main financial provider and by the fruits of the presence of the mother/wife at home: her domestic services could keep him comfortable and satisfied. Increasingly, this rationale, at first taken up by middle class reformers but then expressed by working class men as well, shifted towards emphasising the duties of wives/mothers to care for their children at home. Around the turn of the century, a high infant mortality rate and declining birth rate (Registrar General, 1916) alarmed those pursuing Imperial expansion. The state intervened increasingly across a broadening range of activities and services in the lives of all women as mothers in order to improve infant health and improve the physical stock of the nation's future soldiers, workers and mothers (Gorst, 1906; Davin, 1978). Legal developments saw the demise of the omnipotent paterfamilias and the growing rights of the married mother over her children (Teague,

1989:25-28; Teichman, 1978). One observer has noted that children began to 'belong' to their mothers at this point (Ross, 1986:74). The impact these changes had on turn-of-the-century motherhood has been documented by a number of observers (eg Lewis, 1986; Roberts, 1986; Humphries, 1981). The 'ideology of maternalism' (Lewis, 1986) held mothers responsible for the health and welfare of children after the first weeks of life. Working class mothers were considered 'ignorant' and state 'assistance' came in the form of an expanding array of 'professionals' and 'experts' (the personnel of infant welfare centres and Baby Welcomes, health visitors, trained midwives, school attendance officers, school health inspectors) who supervised the mother and who trained her in nutrition, cleanliness and proper home management (Lewis, 1986; Rose, 1985). Rose has described the objectives of this 'individualisation of preventive medicine' as "not merely the conservation of children, but the production of physically efficient bodies and socially productive habits" (1985:147). This focus upon bodies and morals differed markedly from the later concern with the emotional and developmental needs. The emphasis of 1930s child care manuals was upon training and the avoidance of unnecessary sentimentalism, even 'unnecessary' contact (Scarr and Dunn, 1984:86; Hewlett, 1987:ch10). By the mid-twentieth century, however, following developments in psychiatry and the adoption of selective Freudian analysis (Rose, 1985:ch8), the focus had shifted to the emotional connectedness of the mother and child (Bowlby, 1953).

These historical analyses demonstrate changing definitions of the significance and nature of mothering, in connection with changing politico-economic projects. The religiosity which infused much of the nineteenth century discourse on motherhood was gradually supplanted during the twentieth century with more secular ideas. The greatest single tradition of thought which has influenced notions of motherhood this century has been psychoanalysis. Having discovered the unconscious and 'established' the significance of formative childhood years, it did not take long for the mother to be perceived as the prime influence on the child's psychic stability. Furthermore, the capacity of the mother to mother well depended upon her own healthy sexual and psychological development through infancy and childhood (Badinter, 1981:ch7). Badinter

notes that psychoanalysis has not only increased the significance of the mother but has also 'medicalised' the problem of the 'bad' mother who was previously 'bad' through moral turpitude or plain ignorance (1981:261). The 'absolute devotion' of the mother is efficacious only where she genuinely finds pleasure in all her motherly duties. If she does not find enjoyment, her child will be damaged, since it is she who lays the foundation of its mental health (Winnicott, cited in Badinter, 1981). The roles of the mother and father are strictly delineated and strictly non-interchangeable, the latter being relatively incidental to the emotional well-being of the child. The use of substitute care constitutes a grave risk, but may be necessary where the mother lacks sufficient masochism and continues to cherish masculine pursuits. The meaning of motherhood to women took on, with Freud, a psychic dimension and we shall return to this later.

Bowlby, another in the psychoanalytic tradition, is the name most frequently associated with mother-child relationships in the post war period. His research, based largely upon the developmental characteristics of children raised in institutions and separated from parents by the ravages of war, produced an influential World Health Organisation paper (see Bowlby, 1953) concerning mental health:

"What is believed to be essential for mental health is that an infant and young child should experience a warm, intimate and continuous relationship with his (sic) mother (or permanent mother-substitute)." (Bowlby, 1963:13)

Thus, children's needs have been conceptualised variously as primarily spiritual, physical or emotional. Today, Scarr and Dunn wryly observe, children have not simply a 'soul' and a 'body' but also a 'psyche' (1984:51-52; see also de Mause, 1974; Aries, 1962; and Pollock, 1983, for histories of childhood).

It has been claimed by many observers that elements from these representations of motherhood have been widely diffused among 'ordinary' mothers and members of society. An earlier reliance for inculcation of

middle class method and belief upon the infant welfare centre and health visitor has given way to accessibility through the media of mass communications: the broadcasting of programmes over the radio and television, articles within popular (women's) magazines, widely available paperbacks discussing child-rearing methods (eg Spock, 1973, first published in 1946), children's clinics and indirectly through social policies, for instance in childcare (Friedan, 1971; Scarr and Dunn, 1984; Badinter, 1981). Particularly, psychoanalytic views have been popularised. During the 1950s, the infusion of ideas about mothering with 'the Freudian message' linked motherhood, Scarr and Dunn argue, not so much to duty as biological function (1984:86-87), and left women anxious, guilty and self-blaming (Badinter, 1981; Friedan, 1971). Feminists have claimed, on the basis of these means of diffusion, that the vulgarised and popularised psychoanalytic construction of motherhood has been deeply felt in the female psyche and has come to constitute what has been termed an 'ideology' of motherhood (Millett, 1974; Oakley, 1974b; Wearing, 1984).

Drawing upon a number of studies, the central tenets of the post-war ideology of motherhood may be distilled thus. There is an emphasis upon the needs of children for their mothers and the obligation upon mothers to take principal or sole responsibility for meeting their children's needs. Second, the complementarity of mothers' and children's needs is stressed, yet also is the need for maternal self-sacrifice. Next, mothering and maternalism are seen as natural or instinctive, yet also as learnt and as hard work requiring skill. The mother-child relationship is said to have 'special' qualities and the mother a 'special' care responsibility for her children. Failure in motherhood is believed to have serious long-term consequences for both child (in terms of personality) and society (in terms of disorder). Children's needs are defined to include emotional sustenance as well as physical care, and maternal love is thought to be spontaneous, universal and even instinctive, resulting from biological priming leading after birth to a special 'bonding' of mother and infant. This refers to an emotional attachment, promoting appropriate maternal behaviour. Last, motherhood is considered essential to womanhood; rejection of motherhood indicates rejection of femininity and results in deep dissatisfaction.

(Bernard, 1975; Oakley, 1974b; Rapoport et al, 1977; Scarr and Dunn, 1984; Wearing, 1984.)

What we have sketched in brief then is an outline of the changes over time in the meanings conferred upon motherhood and in prescriptions for 'good' mothering. Such meanings and prescriptions have been challenged over the past two decades or so.

Motherhood as an academic and political concern

Motherhood has come under a new type of scrutiny during the past twenty or thirty years. The previous prescriptions for motherhood, distilled and outlined above came under fierce attack by a renewed feminist impetus: so called second wave feminism (Oakley, 1980; Hewlett, 1987; Neustatter, 1989). It is partly this articulation of a discourse oppositional in many ways to the previous (though still influential) paradigm, which has made motherhood problematic. This has not been the only factor, however, to open up motherhood for more critical analysis. In academia, a significant example of shifts (within the social sciences) which undermined the intellectual bases of previous prescriptions could be seen in sociology and psychology. The historical analyses above are themselves the outcome of feminist and academic endeavour and indeed, this new problematic of motherhood has centred chiefly upon the vision of motherhood and mothering as socially constructed, as a cultural achievement.

In sociology, there was an acknowledgement of the ideological presuppositions which had shaped the discipline's approach to 'The Family': for instance, sex, marriage and reproduction as inseparably tied, familial reproduction as 'mature' and 'rewarding', with sex or pregnancy outside marriage treated as 'deviant', and so on. These assumptions were increasingly picked apart (see Oakley, 1980:ch3 for a review; for examples of these 'traditional' approaches, see Fletcher, 1962; Turner, 1969). In psychology, in the early 1970s, Rutter provided a controversial reassessment of Bowlby's influential notion of 'maternal deprivation', which had been the lynch-pin of an ideology and of a set of official proclamations and policies concerning motherhood and the mother-child relationship. Rutter's work separated out various facets of Bowlby's

original assertions (see Bowlby, 1953), as well as more popularised versions, and reviewed studies undertaken in the intervening two decades which put them to the test (Rutter, 1972). His review questioned the notion that separation per se of mother and child effected lasting damage and, perhaps more fundamentally, challenged the idea that the child's main bond with the mother differed in kind and quality from all other bonds. Since many of the studies reviewed charted and emphasised the different reaction to 'deprivation' among children, the concept of the mother-child relationship as monolithic, mystified, almost sacred, suffered a considerable challenge in this work. Additionally, a later assessment which marked out a new conceptual field, replacing the simplistic 'maternal deprivation' with a more diverse and complex range of syndromes and disorders (Rutter, 1979).

The impetus of history

Maroney argues, in addition, that history itself has rendered motherhood problematic:

"a political, social and demographic conjuncture...had already seen the patriarchal insitutional model of motherhood come slowly to its full fruition and abort its own contradictions." (Maroney, 1985:41)

The more recent historical developments she views as decisive include rapid progress in medical technology (for example, 'the pill', considered the most widespread rupturing to date of the link between sex and reproduction) creating real 'choice'; the limitations of the mother-child mythology, mentioned above, coming into clearer view with labour-saving household devices, improved housing and smaller families, which 'intensified and extended "motherhood-per-child"' (see also Friedan, 1971; Hewlett, 1987; Komarovsky, 1953) and a restructuring of the labour market, plus increasing inflation which drew more mothers into paid employment, simultaneously undermining mother-child exclusivity and focusing feminist attention upon the problem of the 'double-day' (eg Sharpe, 1984; Fonda and Moss, 1977).

However, as we have seen, this was not the only period in which the family form (and with it motherhood) had faced contradictions and had altered in

the face of broader societal developments. What is perhaps, significant though, in the late sixties and early seventies, is the availability of a feminist resurgence to articulate many of the issues.

The feminist challenge

A focus within feminist analysis upon motherhood has been steadily sharpening over the past two decades or so. The shift in emphasis can be seen as two-fold. On the one hand, motherhood has come to be examined as an experience as well as an institution (Bernard, 1975; Rich, 1976). And secondly, and not unconnected to the first point, motherhood is more positively evaluated amongst feminists, and its complexity and contradictions more readily acknowledged. Earlier feminist theoretical undertakings examined motherhood as rather more incidental to certain central points of scrutiny, such as the family and control over sexuality and reproduction.

In the early stages of second wave feminism, the feminist critique was characterised by a tendency to hostility towards motherhood. This has been connected with the suspicion with which many feminists regarded motherhood stemming from its compulsory, idealised and ahistorical character within patriarchal society and from its symbolism of the subjugation of the self to the needs of others (Gordon, 1989; Rowbotham, 1989; Maroney, 1985; Gieve, 1987).

We mentioned earlier that the representations of motherhood found in the writings of various elite groups had come to establish a broader hold over the beliefs of 'ordinary' women. The feminist assertion of an 'ideology' of motherhood referred to a system of beliefs and values concerning motherhood which was used for the purpose of limiting the opportunities available to women and maintaining the advantageous position of men in the labour market and at home. For instance, Scarr and Dunn, in a discussion of 'psychology to keep mothers at home', claimed that the twin concepts of 'bonding' and 'attachment', derived initially from the study of animals, and which refer to the powerful emotional ties mothers and children are said to feel for each other, have been used to suggest that mothers have a special biologically derived responsibility for the daily care of their children

(Scarr and Dunn, 1984:ch4). Further, women were being controlled by defining motherhood as their primary social role and maintaining an unpaid domestic labour force which carried out many tasks men required to be done but were unprepared to take on themselves (childcare, housework etc). Women occupied a structurally weak and marginal position in the paid labour market in low status, low paid jobs, thereby reinforcing their dependency upon male earners (Mitchell, 1971; Oakley, 1974; Wearing, 1984; Molyneux, 1979; Malos, 1980; Scarr and Dunn, 1984). The 'ideology of motherhood', therefore, was closely associated by some with the sexual division of labour. However, rather less attention has been devoted to investigating the beliefs and ideas of women, particularly mothers, themselves. The significance of motherhood in the lives of women has been looked at as a secondary issue in ethnographic studies of women's experiences of paid labour (eg Hunt, 1980; Pollert, 1981). Oakley (1979, 1980) has interviewed pregnant and recently delivered women to investigate the 'transition' to motherhood. Macintyre has examined the outcome of pregnancies among a sample of single women (1977). Wearing is another exception. Wearing interviewed three groups of mothers (by area of residence) to establish the tenets of an 'ideology of motherhood' and feminist challenges to this ideology (1984). She describes ideology as a world view or belief system which both distorts reality and legitimises and justifies a given state of affairs. She claims the falsity of the ideology lies in its ability to mask the gender specific nature of parenting, since only women are endowed with the 'natural' qualities of nurturance (Wearing, 1984:ch2).

One of the conclusions drawn by these researchers has been the ambiguous status conferred by motherhood. Earlier, we mentioned that the position of the unmarried mother is ambiguous: stigmatised and tolerated. However, motherhood per se has been recognised as not only elevated and idealised, but also devalued, carrying low status. This has been interpreted as resulting from its unique association with women who are low status carriers (Williams and Giles, cited in Baker, 1989); or from its association with routine, menial, unpaid domestic labour; or from its stripping of the woman's status as a (visible) economic contributor to the household (see Oakley, 1979, 1980). For a discussion of findings relating to women's perception of status in motherhood, see Baker (1989).

Convinced of an ideology which portrayed a culturally specific construction of motherhood as a universal and natural phenomenon and which served to restrict women's choices and maintain their dependence upon men, early second wave feminism emphasised the need to resist social pressure coercing women into motherhood and counteracted its glorified image by stressing not only its unromantic and onerous aspects, but also its darker side: maternal hatred of and violence towards children (Rich, 1976; Rowbotham, 1989). Even the possibility of being a 'good' mother and 'good' feminist simultaneously was called into question (Rowbotham, 1989; Gieve, 1987), and some feminists considered the woman's capacity for biological reproduction to be the key to understanding her subjugation, that the heart of woman's oppression is her child-bearing and child-rearing role (Firestone, 1970). This biological determinism gave rise to the most radically anti-maternalist position of all: namely, that extra-uterine reproduction is a pre-requisite of the liberation of women. Some feminists have commented upon this period:

"Of course, this abstract negation of patriarchal ideology was, in the first instance, reactive, a battle fought on the opponent's ground within given categories. In rejecting the hegemonic patriarchal construction of femininity whole hog, women were also led to deny the importance of motherhood as such and to devalue any specialised skills or values associated with this admittedly limited sphere of feminine practice." (Maroney, 1985:42; see also Hewlett, 1987:ch10)

Gradually however, motherhood, mothering and the process of becoming a mother, has come to be perceived by feminists as a more problematic phenomenon, whose social, biological, historical and psychological dimensions require disentangling (see Breen, 1975; Chodorow, 1977; and Rich, 1976). Wearing's 1984 study of Australian mothers found a number of 'feminist challenges' to certain tenets of an ideology of motherhood. These included beliefs that motherhood is not a necessary means of fulfilment for women; that it is not inevitable; and that sole responsibility for childcare does not automatically follow from motherhood (1984:43). There have been other studies and introspections which have focused upon motherhood in its social and personal aspects (Dowrick and Grundberg, 1980;

Gieve, 1987; Gordon, 1989; Callaway, 1978) and we shall return to this later as part of a discussion of choice about motherhood. Thus, the feminist challenge offered a redefinition of women's experiences of motherhood or, at least, broadened the range of maternal experience which could legitimately be articulated and discussed.

It is clear from all of this that, among some at least, the meaning and status implications of motherhood are strongly contested. This, along with the relative scarcity of studies which examine the beliefs and assumptions of 'ordinary' individuals or groups of individuals, points to the investigation of the meanings conferred upon motherhood by particular individuals in particular sets of circumstances as a principal research endeavour. Decisions about adoption must be located in a context which encompasses social definitions of motherhood which are contestable and negotiable.

The cultural construction of motherhood and mothers as social subjects

Another dimension to the analysis of motherhood as a cultural artefact focuses not so much upon prescriptions for good mothering but upon the relationship of biological to social maternity. We mentioned earlier in passing that this relationship is far from simple. The nature of motherhood and maternalism cannot be explained by reference to biological capacity alone. Two instances of this can be seen in, first, the use of methods of artificially assisted reproduction and second, more traditional practices such as adoption.

Like the feminist authors cited earlier, Mathieu also attacks maternal 'naturalism', this time from an anthropological perspective. She points out that scholarly analysis of men and women operates on two levels: with one sex being ascribed to the social, and the other (at best) as a mediator between the natural and the cultural. Whilst many anthropologists, she claims, have acknowledged the father as 'a legal rather than a natural personage', femininity (and motherhood) are conceptualised biocentrically. The conceptualisation of mothers as social subjects requires, Mathieu insists, distinguishing between the woman-genetrix (begetter) and the

social mother (Mathieu, 1979). This thesis itself represents an attempt to move away from the biological level in the analysis of motherhood and towards the social - conceiving of the mother as a social subject. It focuses upon baby adoption as an institutionalised practice which ruptures the norm of modern Western society - the assumption of social motherhood following biological maternity.

Even those aspects hitherto considered purely a matter of biology can be viewed as socially constructed. The penetration of the biological by the social has deepened. Indeed, Lukacs contends that the progressive socialisation of the 'natural being' through social practice is the essence of history (cited in Petchesky, 1984:9). Although our simple definition of biological motherhood above linked the genetic with pregnancy, modern developments in medical research now permit one woman to gestate the fertilised egg of another and to carry and give birth to the full-term baby (Warnock Report, 1984). Artificially assisted reproduction encompasses gamete intra-fallopian transfer (GIFT), artificial insemination by husband or donor (AIH and AID); in vitro fertilisation (IVF) and surrogacy, which covers a variety of maternal and paternal relationships (and the list is not exhaustive). Haines comments upon "a genetic, a carrying and a genetic-plus-carrying" version of biology and concludes that the concept of the biological mother is no longer adequate (1990:245). Loades has proposed a 7-way typology of motherhood which encompasses the genetic, gestating and social care (or nurturing) aspects of mothering (Loades, 1990; see also Haines' typology in tabulated form, 1990:9-10). Legal battles to determine the 'real' mother are no longer new to us (see, Chesler, 1989; Morgan, 1989). Stumpf has developed a conceptual approach which favours an inclusive definition of the 'real' mother, through a central analytic focus upon 'procreation'. She divides procreation into four stages: initiation, preparation, gestation and child-rearing. This permits a woman a 'pro-creative role' and 'pro-creative intent' although she has no genetic or gestational link. It also allows, she claims, surrogacy to be recognised as an example of the divisibility of procreative tasks: 'motherhood can be a product of both mental and physical conception' (Stumpf, 1986:187).

In this thesis, the complexity of this 'deconstruction of motherhood' implied by the 'new technologies' (see, for instance, Stanworth, 1987b), need not detain us further than this brief acknowledgement, since the case studies here fall within the sphere of 'traditional adoption'. Instead, we can move onto other features of the constructedness of motherhood.

Mathieu provides a cross-cultural approach. In a paper entitled; 'Biological Paternity, Social Maternity: On Abortion and Infanticide as Unrecognised Indicators of the Cultural Character of Maternity', she addresses an issue at the heart of this thesis: the point at which the biological mother does or does not assume social maternity (Mathieu, 1979; also Oakley, 1972)

Baby adoption in modern Western societies is associated with the notion of a biological mother's choice (formally at least) about whether or not to assume (social) maternal responsibilities. Mathieu points out that the transformation of a pregnancy into a full-term (biological) maternity is a social as well as a biological accomplishment. Similarly, the assumption of social maternity is a matter of (cultural) 'choice': that is, different societies organise procreation in different ways (Mathieu, 1979).

In our society, the practice of assigning the same social as biological mother to an infant prevails: it is taken as 'given' or 'natural' and is not at first comprehended as a cultural practice. That this practice is social and is the outcome of the cultural organisation of reproduction (social and biological), can be fully appreciated only when we contrast this with other practices undertaken currently by different societies and through different epochs (see also Oakley, 1972:ch5; Mead, 1935). To take an extreme example, among the Mossi of the Upper Volta, all children are raised by social mothers and fathers different from the genitors: ie. 'adoption' is compulsory (Mathieu, 1979:236). Mathieu claims that practices such as contraception, infanticide, abortion and adoption indicate that it is the social role attributed to the mother rather than her generative function which underlies the notion of maternity. Despite the fact that there is much about motherhood which is not 'natural', there is still a

tendency in the West to think in these terms (see Badinter, 1981; Dally, 1982).

Thus, choices exist not only at the level of the individual but also and crucially at the societal level. Indeed, at the level of the individual there may be no effective choice. Neither the demographic profile of motherhood in any given society, nor its behavioural and emotional components, nor its relationship to other social institutions can be explained wholly or even largely in biological terms. Different social practices exist across space, time and circumstance. The parameters of choices concerning motherhood are themselves the products of social and historical processes. This raises a number of issues in the study of baby adoption decisions in modern Western society. For instance, where compulsion by law or custom has been ruled out (as it (usually) is in the UK, see below), what 'conditions' are conducive to adoption and what are its purposes? In other words, what are the cultural factors which construct choices about adoption? One such cultural factor worth pursuing in greater detail here concerns the 'problem' of motherhood outside marriage.

Motherhood and marriage

In our own twentieth century Western culture, a major distinction regarding the appropriateness of motherhood is made according to marital status. A number of observers have noted that the meaning of pregnancy and motherhood depends crucially upon its occurrence within or outside marriage. Macintyre has referred to the differential treatment of pregnant women according to their marital status as 'the social construction of instincts' (1976b). She has suggested that gynaecologists, in defining indicators of abortion, consider that single women must justify having babies (pregnancy and keeping their babies). On the other hand, she points out, both law and public opinion call upon them to justify termination rather than marriage or adoption (1977:ch5). She demonstrates that the meanings conferred upon not only pregnancy and motherhood but also adoption, abortion and the loss of a baby through miscarriage or stillbirth, may be significantly determined by its occurrence within or without marriage (Macintyre, 1976b, 1977; see also Sawyer, 1979, for an instance of this argument in the

sphere of adoption). Pregnancy and motherhood outside marriage have been considered 'social problems' requiring alleviation and remedy through policy (Reid, 1957; Crellin, Pringle and West, 1971; Benet, 1976) and 'sociological' problems which require 'explanation' (Illsley and Gill, 1968; Darling, 1984; Gill, 1977). Some have considered motherhood outside marriage almost certainly a symptom of mental illness or 'impaired functioning'. Young developed a lengthy treatise upon unmarried motherhood some 40 years ago. Maternity outside marriage indicated a serious disturbance in psycho-sexual development. Such pregnancies arise, she claimed, as a result of infantile conflicts and desires which 'compel' the 'girl' to conceive. These pregnancies rarely, if ever, occur through accident or by any other design (Young, 1966; 1954). This pathologising of maternity because it does not occur within a marital framework appeared in Young's work virtually as an ideal-type, but reappeared later, in less concentrated form, in the preoccupations of mental health practitioners and in recent analyses which have sought to establish psychological factors (eg 'emotional stability' and 'maturity') to be significant in decisions women take about adoption placement (Vincent, 1961; Leynes, 1980; Straker and Altman, 1979). Only recently has the issue of choosing motherhood outside marriage come under consideration (eg Renvoize, 1985; Shapiro, 1987; Rodwell, 1985).

There is one further dimension to the social constructedness of motherhood which we should look at in greater detail here: this concerns the centrality of motherhood within the lives of women.

Motherhood and choice

Choice presupposes alternatives. It pre-supposes not only that a situation is alterable but also that it is defined as problematic (Macintyre, 1977:90-91). Where a situation is defined as non-problematic, alternatives are not evaluated. However, some representations of motherhood negate precisely this concept of choice. It has been heralded as the defining feature of femininity, essential to feminine fulfilment and mental health, and the necessary mark of the mature woman. This notion of the centrality of motherhood to femininity and proper womanliness has been evident not

simply in Enlightenment thinking, (Badinter, 1981, see above), but also, in the twentieth century, it has reappeared in psychoanalysis and is present in medical models of reproduction.

Traditional psychoanalysis has tended to view motherhood as a sine qua non for the healthy development of the female psyche. Freud claimed that motherhood provides the essential resolution of the female's penis envy since the baby functions as a penis substitute. Irigaray comments on Freud's essay on 'Femininity':

"The 'sexual function', for Freud, is above all the reproductive function. It is as such that it brings all the instincts together and subjects them to the primacy of procreation...In 'penis envy' we find, once again, the motive force behind this progression. The desire to obtain the penis from the father is replaced by the desire to have a child, this latter becoming, in an equivalence that Freud analysed, the penis substitute. We must add here that the woman's happiness is complete only if the newborn child is a boy..." (Irigaray, 1985:41)

Twenty years ago, Hern commented that since doctors regard women as reproductive machines ("a uterus surrounded by a supporting organism and a directing personality"), there is a temptation among them to view women who refuse to become (or, possibly, remain) pregnant as pathological (1971:8-9). More recently, Oakley quotes the claims of the author of a text on infertility:

"There are certainly some women who say they have no desire to become mothers and they genuinely mean it; but they are a minority. Every month, a young woman is reminded that her primary role in life is to bear children and even the most ardent advocate of Women's Lib sounds unconvincing if she denies wanting to achieve motherhood at least once in her life-time." (Newill, cited in Oakley, 1980:38)

Feminists have taken on the imputed centrality of motherhood to femininity, defining it as another ideological constraint. Mitchell describes 'the ideology of "woman"', which:

"presents her as an undifferentiated whole - 'a woman', alike the world over, eternally the same...Any analysis of woman, and of the family, must uncoil this ideological concept of their permanence and their unification into a monolithic whole, mother and child, a woman's place...her natural destiny." (Mitchell, 1971:100)

Mitchell compares this 'honourable but different role' with the 'equal but separate' ideologies of the Southern racists. She describes the ideology thus: "Bearing children, bringing them up, and maintaining the home - these from the core of woman's natural vocation" (Mitchell, 1971:106). Like other aspects of motherhood, choice about motherhood has been firmly imprinted upon the feminist agenda. This has been seen as striking at the heart of women's existence. For example, Dowrick and Grundberg begin a book entitled 'Why Children?':

"Why do we have children?

Even to ask this question is to start a revolution. Motherhood...has been for so long the central fact of women's lives that the idea of choice...is almost beyond our grasp. Our thoughts and actions are shaped by the most deeply engrained notions of what we 'ought' to do; knowing what we want is not as simple as it may seem." (1980:7)

A woman does not make a choice as an isolated individual in a social vacuum: she defines her situation interactionally with significant others, within a social context which encompasses the political, economic, historical, ideological, institutional and technological. As her situation is defined, so is her self and her identity. Dowrick and Grundberg acknowledge this:

"Why children? In asking this we encourage each other to face a major and often painful confrontation with self, upon a battlefield shared

with family and custom, church and state, mythology, economic reality and an increasing anxiety about the quality of the future." (1980:7)

The terrain for choice-making is a complex and cluttered one. The ideological nature of motherhood renders it both central to the lives of women and to the identity of women and it also carries with it a heavy obligatory character. Feminists have noted that whilst it has been chiefly 'patriarchal' discourses which have construed motherhood as central to feminine mental health, they themselves must acknowledge its centrality to a woman's identity and respectability. Dowrick and Grundberg wish to convey:

"the complexity, the deep personal significance of the decision whether or not to have children, the most important and irrevocable one most of us will make." (1980:8)

To ask why? is revolutionary because women's identities are at stake. Klepfisz declares:

"the decision not to have a child shapes both a woman's view of herself and society's view of her." (Klepfisz, 1980:15)

And Rich suggests:

"We are seen primarily as mothers, all mothers are expected to experience motherhood unambivalently and in accordance with patriarchal values, and the 'non-mothering' woman is seen as deviant." (Rich, 1976:197)

These themes of the social and negotiated meaning of motherhood, the complexity of constraints within which decisions are taken and the significance of the decision for the identity of women are all taken up in this thesis. The significance of motherhood for a woman's respectability stems from the equation made between 'normality' and 'morality': her 'natural destiny' prescribes what ought to be. Douglas claims there is a

tendency in Western thought to the absolute: to treat what is here and now as if it were always and universal:

"This absolutist world view sees social meanings in general (beliefs, ideas, truth, values and so on) as part of some necessary being that is timeless, eternal, external, and independent of man (sic) and to which man is necessarily subject." (Douglas, 1970:10)

Thus, what is natural is normal, desirable: it is not to be thwarted. Indeed, Ball demonstrates precisely how Garfinkel has revealed the normal to be the moral:

"to be perceived-to-be-normal means appearing to be conventionally situated in the-natural-order-of-persons-taken-for-granted, to be socially located in the 'of course' environment of non-reflective everyday/any day life." (Ball, 1970:332)

Thus respectability, defined as:

"the perceived appearance, the imputed state, quality or condition of being assumed-to-be morally or socially worthy and deserving of deference". (Ball, 1970:331; emphasis in the original)

is achieved through demonstrating that one is normal. Thus, maternalism carries a moral connotation which is meaningful only within a particular symbolic order. It refers to what mothers ought to and are expected to do and feel. The morally worthy, the respectable woman is one whose relationship to motherhood (as a role embracing both desire for a(n hypothetical) child as well as relationship with a (given) child) is 'normal' or 'natural'. A woman who makes a decision about motherhood, therefore, about whether to become pregnant inside or outside marriage, about whether to opt for childlessness, about relinquishing for adoption or embarking upon surrogate motherhood, and so on, does so within a moral and ideological context. Accepting the centrality of motherhood choices to women's identities (arising from the defining nature of motherhood), an

important issue in baby adoption becomes how and in what terms women considering relinquishing their babies manage their identities. In particular, the rarity of adoption suggests that accounts explaining adoption decisions will contain a strong justificatory element. Further, what is perceived by mothers and professionals as undermining of respectability in this context and how is this managed?

Motherhood and the adoption process

As we have mentioned, adoption and single motherhood are not the only outcomes of extra-marital pregnancy. Other possible outcomes are: abortion and married motherhood. These options had, however, been defined as not feasible by the women in this study - or by their significant others. (Abandonment and infanticide are rare and scandalous and do not feature in accounts in the present work.) The choice to be made was between embracing single motherhood or 'giving' the child to substitute parents.

The adoption process constitutes a complex of practices and institutional arrangements which reflect how the child's transfer to new social parents is believed to be best achieved. Within it can be found beliefs about the circumstances within which motherhood is considered inopportune or appropriate, the qualities of the 'good' mother and the 'bad', and what counts as grounds for renouncing social maternity. The study of baby adoption reveals not only the sorts of conditions and circumstances in which babies in modern Western societies are transferred to a social mother different from the biological mother, but also beliefs about how the 'good' mother expresses her maternalism in reaching and implementing her decision (and the 'good' mother may be the one who acknowledges that she is not yet able to be a 'good' mother).

Women who consider placing their babies for adoption embark on what can be termed a 'career'. Career is a term found most notably in studies of deviance. Goffman uses 'career' to refer to "changes over time as are basic and common to the members of a social category" (1961a:119). Moreover, this career is 'moral' since there is a

"regular sequence of changes that career entails in the person's self and in his (sic) framework and imagery for judging himself and others." (1961a:127-128)

Goffman describes the personal and social aspects of this:

"One value of the concept of career is its two-sidedness. One side is closely linked to internal matters held dearly and close, such as image of self and felt identity; the other side concerns official positions and jural relations, and style of life, and is part of a publicly accessible institutional complex." (Goffman, 1961a:119)

Women who seriously consider relinquishing their babies become the clients of social workers. This is unavoidable (see below). There are a number of routes to this, often new status. Women may refer themselves to adoption agencies or be referred by certain prominent people in the community, such as the parish priest. Most frequently they are referred to a social worker by medical professionals they encounter as a result of their pregnancy, such as the community midwife, the general practitioner or doctors and nursing staff working in the ante-natal clinic. Typically, these latter first refer the woman to the hospital social work department, either because she is expressing uncertainty regarding the baby's future, or solely on the grounds of her marital status. Where adoption appears possible, the hospital worker will refer the new client to an adoption worker within either a statutory local authority adoption unit or a registered voluntary agency. There is considerable variation in the role of the hospital worker. Negotiated definitions of her work may depend upon the extent of inter-disciplinary practice within the hospital, established practices linking adoption agency and hospital social worker, individual interest and so on.

Information gathered for this thesis suggests the hospital social worker will provide the pregnant woman with information about the options open to her, for instance, her financial and other entitlements should she elect to become a single parent. Where the expectant mother continues with her interest in adoption, she is referred on to the adoption worker. Here, she

will be told what the process of placing her baby will entail, what its consequences and implications will and might be: for example, regarding form-filling, time-scale, possible pre-adoptive fostering, the legal meaning of adoption. The mother is also required to give information about herself: name and address, description of her family, medical history, religion, educational and occupational level, interests and plans. She will be asked to provide information about the baby's father, though the involvement of the father varies according to the circumstances of the case, agency and individual worker practice, the expectations in practice of the local courts and so on. Additionally, information about her manner and appearance will be recorded.

Where the woman later decides against adoption, she is likely to remain a client of the adoption worker if she so wishes rather than being referred back to the hospital worker. She may receive assistance with entering her name upon the housing list, applying for benefits, the provision of baby clothes and equipment.

Where the woman plans to go ahead with adoption, she engages, to differing degrees, in the planning of her baby's future. She may meet the prospective adopters. She may place the child with them direct from hospital or use foster parents on a short-term basis. A consent form cannot be signed until the baby is six weeks old. Consent, now termed 'agreement' is given in writing before a reporting officer, whose primary function is to ensure that the irrevocable nature of adoption is understood and that the mother genuinely agrees to it (Latham, 1984). Except under the new 'freeing' procedures (s 14 of the 1975 Children Act), the mother consents to the baby's adoption by specified applicants. The Adoption Hearing does not take place until after the child has been continuously with the applicants for a minimum period of 13 weeks, not commencing before the child is 6 weeks old (Josling and Levy, 1985).

Adoption, in its current form, presumes the ideological acceptance of and material opportunities (ie market and legal-administrative machinery) for the removal of children from their biological parents, and their raising in substitute families (for a brief history of developments preceding and

following the introduction of adoption legislation in 1926, see Appendix III). It also presumes a degree of consensus as to what circumstances are considered suitable or unsuitable for the rearing of children. These encompass physical, moral and emotional requirements. Tizard, 1977, argues that modern adoption presupposes the existence of a group of powerless adults. (See Chesler, 1989:ch5. Teague makes a similar point in the context of a very different analysis, 1989.) In practice, in the UK, only visible and tangible evidence of the physical neglect or abuse of the child (or its likelihood based upon past history) tends to count as sufficient grounds for the compulsory removal and placement of a baby (where the child is older, cases are generally more complex). Consent might be dispensed with in certain rare cases of criminality (eg where the mother has been imprisoned for a major offence) or mental subnormality.

Thus, only rarely are baby adoptions carried out by dispensing with the consent of the mother. That is, at least formally, baby adoption is voluntary. It reveals the 'right' of an individual mother to 'choose' (ie, not only her ability to provide adequately for her social role materially and emotionally, but also her willingness to try to do so matters). This is significant since it indicates that biological maternity necessarily engenders the right to status as a social mother in all but exceptional cases. The biological mother of a child, legitimate or illegitimate, has rights and responsibilities in law over that child (unlike her sisters among the Mossi) until such time as she formally renounces them or the powers of the Court are invoked to deprive her of them. These rights and responsibilities are termed in law 'parental' and adoption reveals that these are determined in part by sex and marital status: legal parentage is socially constructed. Biological paternity confers few and fairly precarious social rights where it occurs outside legal marriage. Biological paternity does not engender automatically the rights and responsibilities of social paternity. Where the baby is born outside marriage, these rights must be activated through the courts and even then are not equal to the rights of the mother. Where a single mother plans to place her baby for adoption, the father may apply to the court for custody, under section 9 of the Guardianship of Minors Act, 1971 (Josling and Levy, 1985:ch5). Positive action through the courts is necessary to revoke the powers of the mother,

but to actualise those of the father, and even then these powers are unequal.

Thus procreation and child-rearing are so organised in the West that renunciation of social maternity requires positive action. Furthermore, as this suggests, adoption is a legal relation: the rights and responsibilities of the parent(s) are legally transferred from one party and vested irrevocably in another (Hoggett, 1984:131). Such rights and responsibilities for the child are located with the legal parent alone: only the (legal) parent's consent (or 'agreement') is required for adoption. Non-parental relatives (on either the mother's or the father's side) have no legal right to intervene: they have no rights to access to the baby either before or after placement. Where older children are concerned, the rights of the extended family members, particularly grandparents, are much more negotiable (see Josling and Levy, 1985:18). However, in the terms of these legal relationships, where the illegitimate baby and her mother are concerned, it is as though a 'family' does not exist - rather, there exists only the mother-child dyad.

We also see in adoption that children have rights, too. Once the powers of the court have been invoked, the court has a duty to protect the interests of the child throughout her/his childhood (Cretney, 1984). There has been over the past century a shift towards state intervention to protect the child at the expense of parental rights (Heywood, 1959; Freeman, 1983). (Thus, in theory the mother's choice is constrained by the welfare of the child. In practice, in almost all baby adoption cases, this is not experienced as conflictive: ie, for practical purposes, the mother's right to choose (legally) remains undiminished.) There has been increasing complexity in the administrative machinery supervising and implementing practices relating to the care of children. The renunciation of maternal rights and responsibilities is not lightly undertaken (although the 'freeing' provision mentioned above, which is intended to shorten the mother's involvement in the process, may be interpreted as an exception to this).

The social worker is the agent appointed by the state, in a sphere of social activity which is heavily state regulated, to negotiate and supervise whether a biological mother is to terminate her social role and how a child should be transferred to new parents. Her role, is pivotal, therefore, in an analysis seeking to demonstrate the cultural character of motherhood and maternalism within baby adoption. The role of parents, the baby's father and others in defining the pregnant woman's situation in no way detracts from the necessity of enlisting the resources and cooperation of the social worker in mediating the passage of the child from its biological family to its social parents. Legal requirements exist, but these must be interpreted and translated into the social practices of identifying 'adequate parenting', 'capacity to meet needs' etc, in a particular set of circumstances. Social workers have to know what the 'welfare' of the child would look like in a particular case. In this sense it is the social worker in adoption who mediates the legal and the commonsense, and she occupies an important (and sometimes decisive) position in defining the 'relevant facts' for the woman who is uncertain about her relationship to motherhood. As such, the social worker occupies a potentially powerful position, and while incorporating the perspectives and definitions of other professionals encountered by the mother who considers adoption, this thesis will focus centrally, after the mothers' accounts, upon those of social workers.

We have sought here to illustrate the socially constructed nature of motherhood, its diversity in content, meaning and purposes. We have used the term 'socially constructed' in relation to motherhood to denote its character as dependent or contingent upon the realm of the social rather than the natural (or inevitable, universal or essential). The 'social' comprises the various elements and processes of human society: the cultural, political, demographic, economic, technological and ideological. Thus there are various dimensions to the constructedness of motherhood. One concerns the biological/social distinction, a simple version of which is adopted here. This permits a rupture in the assumption apparent in the West of the inevitability of social motherhood following biological maternity.

It also indicates the importance of conceiving of mothers as social subjects rather than as biologically determined. This entails locating them in specific emotional, economic and ideological networks in specific societies at specific moments in history and it includes ascertaining the meaning conferred upon a given pregnancy and prospect of (social) motherhood. The content of motherhood and its purposes have altered: particularly, the range of activities motherhood has come to comprise has expanded over the past two centuries. We have noted the advantages of conceiving of motherhood as a social role whose composition has changed. This permits us to examine beliefs about good and bad mothering in a cultural context. In particular, the emotional components of this role have come to play a significant part in mothering, distinguishing it from many other roles. The emphasis placed upon motherhood, its alleged centrality in the lives of women, has been noted, but what is the significance of a particular pregnancy for a particular woman? Motherhood has become a principal and defining feature of a woman's identity and also a matter of respectability. Choices regarding motherhood have, thus, become reputational and women can be expected to justify their choices in ways which protect or attempt to regain their respectability. These choices are made in a social context which comprises interactional, institutional and other social processes. We have mentioned how the meaning of such choices is often determined in part by the marital status of the individual and one such choice concerns the placement of a baby for adoption.

Before turning to a consideration of certain theoretical concepts of relevance to the issues under consideration in this thesis, we should remind ourselves of our original and central focus: what can be learned about motherhood from adoption? In this chapter, we have sought to establish the socially constructed nature of motherhood and to outline some features of contemporary debates about motherhood, debates which reveal its problematic character - that is, its character as a part of the social world which cannot be taken for granted or treated as 'given'. At the end of the next chapter, we shall set out in greater detail the main issues which emerge for investigation in this thesis. Here, however, we should consider briefly how an analysis of adoption can contribute to some of the debates outlined above.

First, adoption is a point where choice is made about motherhood. The accounts of those involved may be able, therefore, to provide us with an insight into the sorts of factors which shape that choice: when is motherhood appropriate or acceptable and when not? This will depend in part upon the meanings individuals assign to motherhood in specific circumstances: particularly, in what ways pregnancy and impending motherhood may be defined as 'problems'. Second, investigating the accounts and practices of those involved in the adoption process may reveal certain beliefs and expectations regarding the way mothers 'ought' to behave and feel in relation to their babies. We have seen how definitions and expectations of the social role of mother have altered over time. What is a 'good' mother in the adoption process? What can the expectations of maternal emotion among women considering adoption tell us about what 'typical mothers' are believed and expected to feel? Third, how does a woman manage her reputation when she is pregnant and considering adoption, and what implications does her decision - either for adoption or for keeping - have for her identity? The final point is a methodological one and concerns the objects of analysis: namely the accounts and experiences of 'ordinary' members of society who are involved in the adoption process. This enables us to move away from generalisation, abstract theorising or polemic (for instance, 'motherhood lies at the heart of women's oppression' and 'motherhood is the principal source of fulfilment in women's lives'). Instead we can consider the views of ordinary mothers and professionals about their experiences of motherhood.

CHAPTER 3: THEORISING MOTHERHOOD IN ADOPTION TALK

Introduction

The purpose of this chapter is to examine a number of theoretical concepts which arise in the study of motherhood and adoption. Some of these concepts have already been mentioned; others are introduced here. The first part of the chapter will look in greater detail at some of the major concepts which have emerged from the foregoing discussion, outlining various existing social scientific approaches to them. These are used later in the analysis and organisation of empirical data. Second, we move into a different theoretical area, one which concerns an analysis of the nature of the actual accounts gathered within ethnographic studies. While adoption and motherhood are the substantive phenomena under investigation, the accounts which constitute the data are not themselves regarded as unproblematic. Next, therefore, a discussion of theories addressing what we have termed 'talk analysis' highlights the purposive and functional nature of much talk. In our view, analyses which fall within this umbrella term furnish a range of theoretical concepts with which to identify and examine the rhetorical dimension of the accounts provided by those involved in the adoption process. Particularly, the centrality of motherhood for women's identities, especially their 'respectability', suggests that accounts offered will be intended to perform various rhetorical functions (for instance, convincing others of one's responsible approach to motherhood). The emphasis, therefore, is on the deployment of such concepts as a method rather than as a topic of analysis. In the final section of this chapter, and before moving onto methodological considerations in the next two chapters, we identify the main issues which emerge when the adoption dilemma is examined with a view to contributing to current debates about motherhood.

Central theoretical concepts

The preceding chapters do themselves suggest some key organising concepts, central to an investigation into motherhood and adoption (for instance 'identity', 'respectability', 'social role'). Some of these merit greater

attention and here we discuss concepts which are used to arrange, make sense of and provide a commentary around empirical data which are presented in later chapters. It is important to emphasise that the empirical material is not used primarily to test the usefulness of these concepts, but rather the latter are deployed to elucidate the phenomena under discussion.

First, is the matter of the centrality of motherhood to women's identities. This appears agreed upon within all conceptualisations of motherhood, either through its indissoluble association with feminine fulfilment or through an acknowledgement that social definitions which predominate do attach particular significance to maternity in women's lives, thereby helping shape others' and their own view of themselves. This is closely linked to the matter of respectability. Implicit in this is the notion that 'making mistakes' in the sphere of maternity promises censure and a threat to one's identity and respectability. This has been linked especially, though not exclusively, to the occurrence of maternity outside marriage. Another matter concerns the status of motherhood as a social role and the importance attached to its affective component. Choice in adoption raises the question of the content of this 'motherhood', behavioural and emotional, its boundaries and definitions. Below, these notions are taken up, beginning with the question of identity.

Identity

The concept of 'identity' is important in two respects in this thesis. The first and more general of the two concerns the matter of reputation. Individuals seek to fulfil ambitions of two kinds: the implementation (in the context of this work) of decisions made regarding their own futures and those of their babies; and the establishment and maintenance of their own respectability. Clearly, though these two are analytically extricable, they are in everyday life bound up together. Plans can be made actionable only with the collaboration of others, which may be forthcoming only if these plans are seen to be conducive to establishing a respectable self.

This concern, then, to sustain a respectable 'identity' or 'self' in interaction is the first sense in which identity is a significant concept

in this research. There is another sense, however, in which we should be concerned with the question of identity. A woman's identity as a mother is not simply a reputational issue. Motherhood depends upon the existence of some real, imaginary or symbolic child or children. One problem for a woman surrendering her baby for adoption is how she constructs an identity for herself as a mother in the impending or actual absence of that child. One way of approaching this is to observe ways in which women devise their own mothering roles in relation to their children before an intended adoption (as well as after), and we shall review the concept of 'role', already mentioned in chapter 1 in this context. Related to both of these facets of identity is the issue of coping strategies: ways in which individuals deal with attacks on self-esteem and respectability, arising out of a 'spoiled' or 'deviant' identity, as well as strategies for securing a desired outcome. We draw upon social scientific analyses of identity, most notably Breakwell's social psychological investigations into coping with threatened identities (1983a, 1983b, 1986).

Definitions, identity and roles

First of all, it is important to re-state the observation of several commentators that clear, universally applicable distinctions between terms such as identity, self, character, self-concept, personality and so on are difficult to sustain. Breakwell suggests the choice of term depends upon the methodological and philosophical foundations of a particular theory (1986:10). These terms may be used, she claims, in seeking to understand the same processes and phenomena, namely:

"that unique syndrome of social, psychological and behavioural characteristics which differentiates one person from another."
(Breakwell, 1986:10)

Biddle describes identity as:

"a symbol which is used to designate one or more human beings."
(Biddle, 1979:89)

Here, then, Biddle equates identity with single labels consistently applied to single individuals. This is not very dissimilar from Klapp's description of identity as encompassing:

"all things a person may legitimately and reliably say about himself (sic)" (Klapp, cited in Breakwell, 1986:10),

although this latter definition does not adequately convey the significance of the perceptions of others in attributing identity.

Biddle's definition of identity is not restricted to labels derived from social roles. Other writers, however, have conceptualised identity as resulting from role positions, although their analyses may differ in other respects as well. McCall and Simmons (1982) provide a symbolic interactionist analysis in which identities are viewed as negotiated performances of the role prescriptions attached to the occupancy of social positions, ie: each role adopted confers an identity. This position, then, emphasises flux and fluidity rather than stability and continuity. Similarly, Hofman (1983) breaks down social identity into 'sub-identities' which are not clearly distinguishable from social roles, the subjective interpretation of whose 'prescriptions' constitute the sub-identity. Stryker (1980) also claims that 'identities' (and any individual will have many) are derived from role positions. Goffman distinguishes between identity and the 'self-image' provided by a role. The implications of the role for identity are further analysed through the concepts of 'attachment' and 'role distance' (1961).

Here, a distinction will be made between roles and identity: the latter will not be reducible to the former. Instead, we will use Breakwell's term 'components' which, collectively, constitute the 'content dimension' of her theorised identity. This is important since, later on, we wish to examine the way in which women relinquishing their babies construct a mother role and the relationship of this to their identity as mothers.

We can conceptualise identity as a cluster of descriptive characteristics (which may or may not be related to specific role occupation and construction), rather than as single characteristics or properties.

Content and value dimensions of identity

Breakwell conceives of the structure of identity as having two dimensions - that of content and that of value. The content dimension is comprised of characteristics which describe the individual and which,

"taken together as a syndrome, mark him or her off as a unique person, different in psychological profile from all others. Even where many of the elements in the content dimension are shared with other people, their specific constellation and compilation will be distinctive of the individual." (Breakwell, 1986:12)

These characteristics or properties vary in centrality, providing, therefore, a unique set of descriptive properties. We can add to those characteristics used by the individual of herself, those attributed to the individual by others. The value dimension refers to the values, positive or negative, which are assigned to each element in the content dimension,

"on the basis of social beliefs and values in interaction with previously established personal value codes." (Breakwell, 1986:19)

Breakwell emphasises that no component has a constant value. Both content and value are seen as dynamic and responsive to social context.

Identity principles

Breakwell considers that there are three primary identity 'principles', which she claims enjoy a certain consensus within the literature. Identity processes work to produce:

- a) uniqueness or distinctiveness (termed distinctiveness);
- b) continuity across time and situation (continuity); and
- c) feeling of personal worth or social value (self-esteem).

Other identity principles have been identified (Apter (1983) refers to 'autonomy'). These principles may come into conflict and the predominance of one over another is, Breakwell claims, dependent upon social context and revealed only through empirical evidence (1986:25).

Roles and role construction

There are several associated concepts which follow from the above and which should be examined here in more detail. The first concerns that of 'role'. It is clear from the analysis above that identity is theoretically linked to the concept of role. Again, this term has been variously conceptualised (see, for instance, Biddle and Thomas, 1966; Biddle, 1979; Goffman, 1961). Here we shall be concerned with roles in terms of the behaviour of sets of individuals sharing a common social (or 'dramatistic') position, where 'behaviours' refers to physical, verbal and emotional behaviours. In this thesis we shall look at the role of the surrendering mother, but also at the way in which various professionals perceive and construct their own roles.

Social scientific analysis of 'roles' is vast. Biddle asserts what he terms 'role theory' does not consist of a coherent and integrated set of concepts and relations, but has emerged out of diverse disciplines and intellectual traditions (Biddle, 1979). He does, however, identify a number of underlying propositions about which he believes there exists some degree of 'informal' agreement. These include the following:

- a) Role theories assert that some behaviours are patterned and are characteristic of persons within contexts (ie form roles);
- b) Roles are often associated with sets of persons who share a common identity (ie who constitute social positions);
- c) Persons are often aware of the roles, and to some extent the roles are governed by the fact of their awareness (ie by expectations);
- d) Roles persist, in part, because of their consequences and in part because they are often embedded within larger social systems; and
- e) Persons must be taught roles (ie must be 'socialised').

A connection was made by adoption researchers nearly 30 years ago between the identity a woman is able to sustain of herself as a mother, and the manner in which she is able and enabled to 'mother' her baby in cases of surrender. This 'acting out of motherhood' can be viewed in terms of the way in which she constructs for herself a role as a mother (or 'mother-role'). This has been associated by several researchers with strategies for coping with feelings of 'bonding' with (ie becoming emotionally attached to) the baby, and the grief of impending and actual separation (see Gough, 1962; Smith, 1984). Theorists have noted that roles are governed by expectations of an anticipatory and normative quality: this highlights the dependence in role construction upon the interactional context and the 'obligatory' nature of expected performances (Biddle, 1979:7; Secord and Backman, 1964:444-445). It would be unrealistic to attempt any broad review of role theory literature here, or detailed account of related concepts. Of the two broad theoretical positions identified by one review (Abercrombie et al, 1984), we shall be focussing upon the constructed and negotiated characteristics of social roles. An exposition of this conception has been ably provided by Turner (1962).

The empirical data gathered here suggests there are broadly held expectations in our culture regarding maternal feelings for the baby, but considerable variation regarding the manner in which these are behaviourally displayed. In fact, it is not at all clear what the role of the surrendering mother is, and Turner's emphasis upon role-making, rather than merely role-taking, and upon process rather than conformity seems particularly apt (Turner, 1962). From his symbolic interactionist perspective, personal roles are less often coerced than evolved through the interaction of situational demands and the needs of the individual. (This contrasts, say, with Biddle's reification in the concepts of role-playing (practising the roles of others) and role-taking (internalising the expectations enunciated by others). Rather, Turner's approach stresses the tentative nature of the process of role-construction through interaction with other roles. Turner distinguishes between the alleged existence of distinct and identifiable roles (presumed in much role theory) and the tendency of individuals to act as if such roles existed. Turner implies continuous attempts to approximate some imaginary ideal-type. Roles vary in

their degree of concreteness and consistency. Individuals construct their own role boundaries which, in turn, help define the extent and limitations of interacting social roles (Turner, 1962).

Respectability

Another related concept is that of respectability. In the preceding chapter, we noted the centrality of motherhood in social constructions of femininity. We further pointed out the connection between 'normality' and 'morality'. Here, we shall develop the notion of respectability further since this connects with both identity and role construction.

We have remarked upon the normative nature of expectations regarding role behaviour and also the status of self-esteem and moral worth as a primary 'principle' of identity. Biddle points out that roles involve obligations, rights and expected performances and failure to conform to these is met by moral indignation. The appropriate construction of the mother-role is therefore a self-definitional and reputational concern.

Ball's analysis of respectability points to the necessity of both actor and audience for its assignment or refusal. Despite its status as a relational category, respectability is taken by members in everyday life as a 'characterological attribute' or 'person-centred phenomenon' (Ball, 1970:344. Goffman makes a similar point, 1963:3). Rains identified two 'moral types' amongst those single pregnant women she studied who were receiving residential 'care': the 'nice girl who made a mistake'; and the 'promiscuous, bad girl' (Rains, 1971). Some years later, Macintyre also deployed these types but added a third, namely, 'the normal-as-if-married girl' (Macintyre, 1977:83).

This raises once again the issue of strategies used to maintain respectability, whose precarious nature has been observed by several analysts (Goffman, 1963; Ball, 1970; Rains, 1971). The establishment and maintenance of respectability can be achieved through the presence (or creation) of virtues and/or the absence (or concealment) of vices. The respectability of single women considering adoption is relevant at two

moments: firstly, in becoming pregnant (outside marriage); and secondly, in the decision regarding placement.

Identity threats

Another way of conceptualising what Ball refers to as the problematics of respectability is via the concept of identity threat. Breakwell's conception of identity is designed in a way which facilitates the conceptualisation and analysis of threats to identity and various coping strategies deployed to deal with them.

Breakwell defines a 'threat' to the identity thus:

"A threat to identity occurs when the processes of identity, assimilation-accommodation and evaluation are, for some reason, unable to comply with the principles of continuity, distinctiveness and self-esteem, which habitually guide their operation. The reason for this obstruction of the processes of identity constitutes the threat." (1986:46-47)

The individual's identity changes as new roles are assumed and as the evaluation of components of the identity change. Thus, identity can be threatened when the possession of prized characteristics is challenged or when a new, negatively-valued social role is assumed. Or it can be threatened when hitherto prized characteristics are now denigrated. The potency of these threats rests upon the importance individuals attribute to consistency over time and the maintenance of self-esteem as well as the nature of the implications of the threat.

A threat can originate 'internally' where the individual initiates change in her position in the social matrix; or 'externally' where the social context itself alters (a continual process). Threats demand changes to either the content or the value dimension of identity. On the content dimension, threats challenge continuity or distinctiveness in self-definition. On the value dimension, threats challenge self-esteem. Threats can challenge individual qualities or membership groups (eg whether the

individual belongs to a prized group or whether the group continues to enjoy positive status).

Another approach to this has been taken by Goffman. Goffman describes a person's social identity as comprising the person's category and attributes, both personal and structural (1963:2). This identity may be said to be spoiled when a particular attribute discredits the individual: makes her or him appear of a 'less desirable kind'. This attribute Goffman terms stigma. Those who have dealings with the stigmatised individual do not accord her or him the respect and regard due to 'normals' (1963:8). Goffman examines the way stigmatised individuals manage their 'spoiled identities'.

A different approach to identity is centred upon the concept of 'narrative'. The relevance of this within adoption has already been noted. Haines and Timms point to the significance of 'biography' and 'narrative' in the adoptive experience:

"The 'search for identity' can be understood as the search for their life-story, as an attempt to compile a complete, consistent biography." (Haines, 1984:4)

These authors are concerned particularly with adoptees, but their comments have relevance for the identity of the relinquishing mother as a mother. Haines and Timms describe how the adopted child is renamed, thereby transforming its social identity and "producing through the same action a 'fictionalised past biography'" (1985:78). This is a term, they explain, borrowed (and transformed) from Glaser and Strauss. Extrapolating this analysis, the natural mother could be described as engaging in fictionalising future biography in her fantasies about possible reunion with her (adult) child as well as, quite simply, the growth and development of the child.

This indicates the inter-connectedness of individuals through life-story telling. MacIntyre suggests not merely the importance of being able to 'compose a narratable life', but also the fact that 'the narrative of any

one life is part of an interlocking set of narratives'. These narratives become interlocked through the asking for and offering of accounts (MacIntyre, 1981:). This has also been taken up by Bruner, who adopts a 'constructivist' approach, which presupposes 'world-making' as a 'principal function of mind' (Bruner, 1987:11). Bruner is interested in the construction of autobiography as a narrative achievement, an interpretive feat. Autobiographies are constructed for the purposes at hand and Bruner views this as a form of thought distinct from argumentative thought.

To sum up, the concepts of identity and role theorised above raise the question of the ways in which people devise strategies for dealing with threats to self-esteem and attacks on respectability. In relation to the subject of this thesis, threats occur first in relation to the fact of illegitimate pregnancy itself, still regarded, to some extent at least, as a 'social problem', as deviant and thus stigmatising; and second, with respect to the decision regarding motherhood and adoption (now much more 'deviant' than single pregnancy, termination and single motherhood). Strategies are devised which seek to secure broad objectives (eg the desired outcome of the pregnancy) and at the same time to maintain or restore respectability. These are necessarily intertwined but may conflict, which in turn leads to a consideration of conditions in which an action can be justified (to be dealt with below). Breakwell has identified the occurrence of strategies for coping with threats to identity on three levels: the intra-psychic, the interpersonal, and the inter-group level. Brake, in a rather different context, categorised responses to a 'spoiled identity' as individual or group. He listed resentment, individual dissociation, self-hatred and psychological damage amongst the individual responses; with delinquent subcultures, cultural rebellion, reformist movements and political militancy on the collective level (Brake, 1980). In this thesis, a particular aspect of strategies for coping concerns emotion.

The Social Nature of Emotion

Social scientists, contributing to the rapidly expanding literature on emotion, have suggested a number of ways in which different approaches to the study of emotion can be classified. For example, Kemper (1981)

contrasts psychological with sociological studies, dividing the latter between 'social constructionist' and 'positivist' approaches. Hochschild (1979) contrasts 'organismic' with 'interactive' accounts. Scheff (1983) claims that:

"...research on emotions has been increasingly demarcated into four self-contained segments: the cultural, biological, inner and outer aspects of emotional processes," (1983:333)

with 'cultural' and 'outside' segments gaining ascendancy. It would be inappropriate here to discuss these issues more extensively. However, since this chapter is focussing upon social expectations regarding maternal emotion, one theme worth pursuing in a little more detail concerns different theoretical perspectives on what makes emotion 'social', or how 'social' emotions are.

Even those who conceptualise emotion most narrowly as physiological impulse or instinct acknowledge that the 'social context' plays some role, for example in the stimulation and expression of emotion (eg James, 1884, and Darwin, 1952, cited in Hochschild, 1979:554; Editorial Board, BJP, 1988:2). Harre has been described (Editorial, BJP, 1988:1) as occupying an extreme theoretical position by claiming the alleged existence of emotions as distinct phenomena to be an 'ontological illusion'. Rather, 'emotions' are constructed through the interpretation of 'feelings' through linguistic practices and moral judgements (for example, we can speak of 'anger' only within a moral order which embodies the notion of transgression) (see Harre, Clarke and de Carlo, 1985). (A distinction between emotion and feeling is used in some analyses, but here they will be treated as equivalents unless otherwise specified.)

Between the 'organismic' theorists and the 'extreme constructionists' lie a variety of theoretical positions regarding the 'social' in emotion. Radley describes the essence of emotion as expressing 'relationships between things'. He cites Levy, who describes emotion as that which is used to:

"...convey and represent information about one's mode of relationship as a total individual to the social environment" (Radley, 1988:7)

Cognitive psychology assumes emotion in its 'basic state' as undifferentiated arousal, made social through the cognitive processes of appraisal and labelling. For example, Schachter (1971, cited in Averill, 1980) conceives of emotions as the joint products of two factors: firstly, physiological arousal; and secondly, a cognitive appraisal of the source of arousal. (For a discussion, see Radley, 1988; Averill, 1980).

Social constructionists, however, go further: they perceive emotions as prescribed responses and prerequisite features of conduct, expected by others and constituted by social patterning. This can be seen in Averill's conceptualisation of emotions as "socially constituted syndromes or transitory social roles", where 'role' is understood as:

"...a socially prescribed set of responses to be followed by a person in a given situation"

and a 'syndrome' as a (polythetic) complex of interacting biological and sociocultural elements (Averill, 1980:307-308).

Maternal emotion and emotion management

This position is not dissimilar from that of Hochschild which focuses on the role of emotion in the social encounter. Like Averill, Hochschild sees emotion as social not simply by virtue of its being subject to social regulation, but also since it is a prerequisite to conduct, to interaction (Hochschild, 1979, 1983). This suggests the appropriateness of certain feelings in certain interactional situations and Hochschild develops her arguments in what she terms "a conceptual arena 'between' the Goffmanesque focus on consciously designed appearances...and the Freudian focus on unconscious intrapsychic events." (Hochschild, 1979:555) Goffman acknowledges that "participants...hold in check certain psychological states" (cited by Hochschild, 1979:556), but does not demonstrate by what techniques this is achieved. While Freud's analysis focused upon anxiety

and unconscious, involuntary means of avoiding pain, Hochschild broadens her perspective to encompass a wide range of emotions and also deliberate, conscious efforts to shape feeling. She extends Goffman's conception of 'surface acting' to the manipulation of emotion - its evocation or suppression - through emotion work or deep acting. Emotions are managed according to feeling rules which govern the extent, direction and duration of emotion in a given situations. Cultural display rules govern the means of their expression.

The emotional aspects of the role of mother predominate in a way they do with few other social roles. We could usefully say something here about one area of speculation upon the origins of such emotion. During the 1970s increasing interest was taken in researching the possibility that events occurring in the immediate post-partum period could have a significant influence upon parenting behaviour and subsequent child development. Following the claims of Klaus and Kennell (1976), for such a 'sensitive period', a number of studies were carried out to examine whether certain early contact experiences were more likely to produce affectionate attachments or bonds to infants than at any other time. It had been suggested that when this bonding process was interrupted, various aberrant forms of parental behaviour would ensue (Lamb, 1983).

Claims for the existence of a 'sensitive period' were based upon a belief that hormonal events accompanying pregnancy and childbirth 'prime' a mother biologically to 'behave maternally' following delivery. This, in turn, was based upon hormonal determinants of maternal behaviour in rodents and ungulates. Lorenz' ethological studies of geese also contributed to the extension of the concept of 'attachment' (the young's tie to the mother) to human experience. The extrapolation of such animal findings to human maternal behaviour has been criticised by several observers and on various grounds (Scarr and Dunn, 1984; Lamb, 1983; Arney, 1980). In fact, closer and more critical examination of studies seeking to establish the significance of early (human) contact, reveals substantial methodological flaws and their findings are at the very best inconclusive (Lamb, 1983). Lamb connects the work of Klaus and Kennell with the criticisms made by both mothers and nurses, who objected to birthing practices which separated

babies from their mothers following delivery. He suggests their 'findings' lent scientific credibility to demands for changed hospital neonatal procedures in the face of opposition from some medical staff.

Part of the construction of the mother role for those intending adoption entails 'managing emotion' and making decisions about its social display in ways which are socially consequential: the maintenance of respectability as well as the defence of one's own sense of self, depend upon the successful resolution of dilemmas concerning contact with the child, which have an emotional impact. We shall be examining not simply the way in which the woman devises tactics for manipulating emotion and decisions she makes regarding its expression, but also the beliefs and expectations others have, particularly social workers, but also nursing and midwifery professionals, regarding maternal emotion and its social display (ie cultural display rules).

Identity and bereavement

This raises the issue of grief and bereavement. The loss of a baby through adoption has been noted by several observers to initiate a process of bereavement and grieving, despite the absence of literal death (Gough, 1971; Pannor et al, 1978; Silverman, 1981). Silverman conceptualises grief and loss as an identity problem. She deploys Goffman's concept of the 'spoiled identity' in the analysis of bereavement in the lives of women facing different types of crisis (for example, loss of child through adoption, being battered). She understands loss as a rupturing of certain significant relationships which results in the alteration of the individual's 'identity' and 'sense of self'. The loss of the relationship alters the individual's social identity, effectively 'spoiling' it. However, her analysis appeals to the social in two respects. For not only is the individual's identity transformed through altered social relationships, but also this is of particular significance in the lives of women, she claims, since women do and are expected to build their sense of themselves on the basis of relationships with others more than men in the first place. Thus, recovery from loss entails the acknowledgement of

irrevocable change in the individual's life, acceptance of the need to develop a new sense of self and the building of a new identity:

"Loss inevitably requires change. For women, the change usually means having to give up one way of relating to the world and learning how to develop a new identity with other obligations and behaviour patterns." (Silverman, 1981:102)

The 'irreducible unit': women in relationship with others

An analysis of transcripts from interviews with women solving an admittedly 'problem' pregnancy through consideration of adoption reveals the woman's engagement in a network of relationships. The isolated individual in society does not exist except as fiction. The individual exists in relation to other individuals, as part of a web of social, economic, physical, emotional and political relationships. In the 'personal document' amongst which number oral testimonies, Plummer has this to say about the status of the individual:

"[The personal document] does not bring with it the isolated individual; rather it brings with it an immediate awareness of the relationship of the individual's body, the individual's definition of a situation, and the groups with which the individual is persistently engaging throughout life." (1983:54-55)

He quotes Matthews:

"The isolated individual was an abstraction: in reality the irreducible unit was the individual embodied in a network of relationships and statuses." (Matthews, 1977:37; cited in Plummer, 1983)

It is within such a network of relationships that individuals confer meanings upon events and circumstances. This process of conferring meaning is referred to here as 'defining the situation'. This is an approach with roots deep in early sociological tradition, traced back to the work of

Thomas and Znaniecki and the Chicago school (McHugh, 1968; Plummer, 1983) and is now firmly established in the interactionist approach (Cuff and Payne, 1979). It is a concept which attempts to combine the 'subjective' and the 'objective', or creativity and social constraint. Defining the situation entails the subjective interpretation of objective factors. It takes up Thomas and Znaniecki's observation that the cause of an individual or social phenomenon is never an individual or social phenomenon alone but always a combination of the two (Plummer, 1983:41; Blumer, 1939). It presupposes that we can account for people's responses to situations only through an understanding of their perceptions and interpretations of those situations: people act towards things on the basis of their understandings.

We should clarify here what we mean by 'subjective' and 'objective'. By objective factors, we refer first, to material factors (such as the number of vacant public sector dwellings in a given area; the presence or absence of childcare facilities); and second, to the social rules which govern access to these. Accepting the limitations imposed by the finite nature of resources, both the level and pattern of material resources and the social rules governing access and entitlement, codified in bureaucratic and legal regulation and in specific social practices (eg recruitment practices) are themselves the embodiment of social values. We also include here, as objective, the 'rules' and conventions governing social action (understood as meaningful / purposeful human behaviour). The 'objective', therefore, encompasses material resources, social rules and social values which have a constraining effect. Subjective interpretation refers to the perception of and perspective from which individuals view these objective factors and the meanings they assign to them, the evaluation of their importance; literally, their significance.

The power to influence outcomes through this definitional process is variously located within the social network, however, and this is connected to the nature of relational ties within the network. Individuals may all belong in such a network, but their degree of autonomy within it varies across cases as a result of psychological, emotional, economic and biographical features.

'Talk Analysis'

We should turn now to a different concern: theoretical, but also methodological and epistemological. This is to do with the status as talk of much of the data. The choice of semi-structured interviews as a method to gather information suggests the usefulness of examining approaches to 'talk analysis' for the better interpretation of data. Generally, the obligation upon the researcher to interpret data collected is acknowledged (though there are some exceptions, for instance in the work of Parker, 1969, as Plummer, 1983, reminds us).

The term 'talk analysis' is preferred here to 'discourse analysis' since this latter has been used to refer chiefly to developments over the past two decades (eg Potter and Wetherell, 1987; Antaki, 1988), whereas we shall be referring to concepts developed over the past fifty years. These concepts are used in this thesis as a means of constructing a more complete interpretation of the accounts of those explaining adoption decisions. We have already considered the significance of choices about motherhood for identity and the justificatory nature of explanations for them. Here, we introduce some conceptual approaches which will be used in making sense of the empirical data collected, as a means of identifying the performative and rhetorical aspects of what has been said in interview.

Thus, what follows does not constitute an exhaustive examination of all possible approaches since this is not the purpose of this work. Rather it provides a framework which acknowledges that talk is not a neutral medium for the investigation of features of the social world. Beyond the discussion below, we do not intend to develop further this acknowledgement that verbal accounts are not merely tools or resources for investigating other phenomena, but may also be objects of enquiry themselves. The emphasis remains upon motherhood and adoption and the theoretical discussion below is intended to facilitate a fuller appreciation of the significance of justificatory and purposive accounts for elucidating the meanings assigned to motherhood and adoption.

Through the process of talking, accounts have been generated which 'explain' why women make the decisions they do regarding the possible

placement of their babies for adoption. The 'explanations' are given by the women themselves and by professionals engaged in the adoption process. Some explanations, then, are given by the individual to account for the behaviour of others. There has been a continuing, if tenuous, thread of social scientific analyses of such accounts. More recently, Campbell and Muncer (1987) describe them as a central feature of an 'ascendant paradigm' within social psychology which embraces both ethogenics and constructionism. However, an early sociological pioneer, C Wright Mills, published his seminal discussion of 'vocabularies of motive' in 1940. We can expect then a range of intellectual tools to be available for making sense of this 'talk'.

First, as we have indicated, 'talk' must be acknowledged as a complex phenomenon. It has been amply demonstrated throughout the social sciences for many decades that verbal statements cannot be taken at face value or as straightforward statements of beliefs about what the world is like, but rather that they serve particular purposes. The social nature of talk and everyday explanation can be seen in the way explanations are occasioned and generated by specific social contexts. From a self-presentational perspective, the aim of account-giving is to construct a mutual and sympathetic social framework for an action which will cast it in the most favourable light (Campbell and Muncer, 1987:490).

Accounts are situationally specific, constructed for specific purposes to fulfil specific objectives. They should be seen as embodying a perspective: a retrospective (here), one-sided testimony generated in response to certain (research and other) conditions. Accounts of a particular event, state, behaviour or process vary according to the meaning given by the story-teller to the story-telling situation. Some aspects included in one account, might be considered irrelevant or superfluous in another. The impression of the self the story teller wishes to convey may vary across different story-telling contexts, which again affects choices about inclusion, omission, exaggeration, sequence, fabrication, rhetorical style etc as well as the minutiae of non-verbal communications. Such choices are necessarily made in response to beliefs or ambivalence on the part of the account-giver about how certain events, processes etc are most

efficaciously interpreted. Thus an account given is one from a repertoire of many possible accounts.

Following Mills, sociological analysis of 'motive talk' and the accounts provided by actors for their own behaviour and that of others developed substantially in the field of deviance (Cressey, 1962; Sykes and Matza, 1957; Taylor, 1972), though not exclusively (Scott and Lyman, 1968). Taylor (1979) attempted to bring these strands together with developments in philosophy, notably the work of Burke (1954). Burke's analysis of the rhetorical functions of talk have been developed to some extent by Harre (eg 1981) but more fully by Billig and others in social psychology (eg Billig et al, 1988). Billig's work emerges not only from the Burkean tradition but also from critiques of attribution theory and social representation theory, initially set out by Moscovici (eg 1981). Attribution theorists claim to have demonstrated the self-serving bases of attribution, whilst recent attempts to 'socialise' attribution theory have emphasised the way in which explanations serve to protect the interests of the group(s) to which the individual belongs, and thus fulfil an ideological function (Taylor, 1979; Antaki, 1988a).

Everyday discourse embodies accounts of the actions of individuals. These accounts serve a rhetorical function, seeking to convince a determinate audience of the rightness of an action through carefully chosen and constructed explanations and justifications. The explanations draw upon and appeal to more or less shared social representations (here, for example, of good mothering), outline the content of deliberative argument, avow or impute motives and intentions, assign responsibility and so on. All of these may be looked upon as rhetorical devices. Such rhetorical displays serve not only to explain, excuse or justify actions but also to achieve other purposes: so that the individual may constitute herself as a particular type of person, in order to manage emotion and so on. The rhetorical display is not, therefore, merely a reified embodiment of ideas, nor is it a merely information-processing or individualised phenomenon, it results from social processes and requires active choice, construction and management on the part of the individual.

Functions, motives and interpretive repertoires

The analysis of talk generally and accounts more specifically challenges the traditional notion that talk can be taken at face value, as simple descriptions of mental states or events. Accounts can not be taken as simple, unintrusive, neutral reflectors of real processes located elsewhere. Instead the action-orientation nature of discourse must be acknowledged. Talking (some have termed it 'discourse') is a social practice in itself (Wetherell and Potter, 1988). Language is functional all the time. Accounts are delivered with purposes and have consequences which may be either intentional or unintentional. Wetherell and Potter refer to a continuum of functions running from interpersonal to inter-group or more widely social. To this could be added the intra-psychic dimension. As we shall see in chapters presenting empirical data, language may function to convince the speaker, to resolve a dilemma, to alter or reinforce identity, and to manage emotion, for example. Functions may be clear or ambiguous and may be reflected in vocabulary choices with effects of which the speaker may not be aware. Functions, claim Wetherell and Potter, are not raw data, they are not usually available for study, but rather may be hypothesised through interpretation. Variability within and across accounts may indicate function. This acknowledges that speakers give shifting, inconsistent pictures of their social world. Speakers construct events and purposes in different ways according to different functions.

Wetherell and Potter use the 'interpretive repertoire' as an analytic concept in examining the functions of talk. Differing interpretive repertoires will be used for different conversational purposes:

"Repertoires can be seen as the building blocks speakers use for constructing versions of actions, cognitive processes and other phenomena. Any particular repertoire is constituted out of a range of terms used in specific stylistic and grammatical fashion. Commonly these terms are derived from one or more key metaphors and the presence of a repertoire will often be signalled by certain tropes or figures of speech." (Wetherell & Potter, 1988:172)

Mills (1940) was among the first to address functions in talk. Particularly, he focused upon articulated motives. In 'Situated Actions and Vocabularies of Motive', Mills, acknowledging Mead's "programme to approach conduct socially from the outside", considered the imputation and avowal of motives by actors not as indicators (by inference) of "subjective springs of action", but as verbal responses to questions concerning social and lingual conduct. These motives represent justifications for behaviour which are considered acceptable within the context in which they are proffered. Motives are imputed or avowed, then, when someone's behaviour is deemed by others to require explanation or justification. It is one of Mills' major contentions that motives specified will vary according to context: the motive imputed or avowed is itself a situated action, serving the social function of specifying, controlling and investigating the diverse actions of one or many actors. This suggests a variety of 'vocabularies of motive'.

Thus a different range of justifications can be expected to be acceptable in different social contexts. Mills connects this with diplomacy, strategies and winning allies. Thus, we see the rhetorical function of vocabularies of motive: that is, their persuasive function. This is particularly significant where the cooperation of others is required. here, motives serve as 'strategies of action'. This opens the way for 'ancillary' motives, ie: additional motives given to convince the audience or broaden appeal. This reinforces the social character of motives for Mills and provides scope for differentially acquired vocabularies of motive. However, the precise identification of groups deploying distinct vocabularies of motive is not simple, though Mills does stress the significance of certain institutions for sustaining and imposing certain vocabularies of motive for certain situated actions.

Taylor comments upon the similarity of tradition of Mills and Burke (although the latter worked as a philosopher), ie, the verbalisation of motives is viewed as an aspect of rhetoric, part of a public attempt to persuade oneself or others to act in a particular manner (Taylor, 1979:148). Burke's focus upon the rhetorical approach to motives reveals particular sorts of motives to remain a powerful means of persuasion within society, rhetorically effective even within dissonant settings. Burke

widens the range of motives established by Mills and depicts their interplay and overlap within various rhetorics. Others who have analysed explanation in the tradition of Mills include Cressey (1954), Sykes and Matza (1957) and Scott and Lyman (1968).

For instance, Cressey (1962) demonstrated how crime could be labelled as compulsive when actors were unable to account for their behaviour in terms which were popular or sanctioned in a particular culture. A little later, Sykes and Matza, proffered a theory of delinquency whose 'techniques of neutralisation' demonstrated the importance of motivational statements for integrating social behaviour:

"It is our argument that much delinquency is based on what is essentially an unrecognised extension of defences to crimes, in the forms of justifications for deviance that are seen as valid by the delinquent but not by the legal system or society at large."
(1957:666)

Social representations

Before going on to discuss further approaches to the rhetorical functions of talk, we should consider a different approach to the problems of belief and attribution, since this has informed some rhetorical analyses. We are referring to the work of Moscovici and others on 'social representations'. This approach attempted to take the analysis of thinking 'outside the head' of the individual. This approach sought to investigate the way in which intellectual ideas are translated into commonsensical ones (eg Moscovici, 1976; Farr and Moscovici, 1984; Roiser, 1967; Campbell and Muncer, 1987). 'Representations' are mental entities, made up of concepts and images, used by individuals to make sense of the world and communicate with each other. Representations are social since they originate in daily social interaction, provide an agreed code for communication, and permit the distinguishing of different groups (the debt here to Thomas and Znaniecki is clear) (Potter and Wetherell, 1987:140-141). Moscovici contends that it is in the world of social talk that groups create and recreate representations of the abstract world of attitudes, beliefs and

attributions. Thus, social representations are the shared images through which we organise our world:

"...a set of concepts, statements and explanations originating in daily life in the course of inter-individual communications."
(Moscovici, 1984:181)

Examples of social representations include social attitudes, stereotypes, bodies of social knowledge, images, and theories which concern all aspects of life and society. Common sense and science (or, more broadly, intellectual theory) can be regarded as rival classifications of social representations (Roiser, 1987). Furthermore, particular representations are deployed by particular groups:

"Since people in any one society do inhabit a wide variety of different social worlds, they employ different explanations and draw on different vocabularies to warrant their actions. Different 'social representations' are drawn upon in different situations to accomplish and display identifications with different groups." (Parker, 1987:448)

(For critical discussion, see Parker, 1987; Potter and Wetherell, 1987:ch7; and McKinlay and Potter's critique of alleged 'basic conceptual flaws' in the theory, 1987).

Modes of reasoning and rhetorical persuasion

Although, the 'dilemmatic' approach of Billig shows in common with Wetherell and Potter, a concern for the rhetorical and purposive nature of talk, it in fact draws inspiration from the intentions, if not (arguably) the outcome of Moscovici's endeavour: ie, an analysis of the 'thinking society' and the re-presentation of intellectual ideas in everyday talk. The roots of the 'dilemmatic' or 'rhetorical' approach (both terms are used) can be traced to Burke. Burke examines the activity of rhetorical persuasion and the variety of strategies and tactics used in different settings:

"An act of persuasion is affected by the character of the sense in which it takes place and of the agents to whom it is addressed. The same rhetorical act could vary in its effectiveness according to shifts in the situation or in the attitude of audiences." (Burke, 1950, cited by Taylor, 1979:151)

Harre has also considered the expressive purposes of talk. In his 1981 article: 'Rituals, rhetoric and social cognitions'. Harre's analysis of the everyday processes of reasoning, judgement, stating and interpreting, emphasises what is social about thinking. Thus, while "social activity is a display whose origins are in thought," it is also a "display of local knowledge and cultural conventions." Furthermore, not only is such social knowledge socially located, but also,

"...some important cognitive processes are not inner and private but public and collective." (1981:212)

Much knowledge, he claims, and many pieces of reasoning are social and public and may be on display only for expressive purposes, as public statements available for interpretation.

These are antecedents to the work of Billig and colleagues and this work represents some convergence of sociology and psychology in the analysis of everyday talk. Like Moscovici, Billig seeks to avoid a reductionist individualism. Like Burke, he notes linguistic strategies deployed by actors who seek to persuade their audiences of their rationality and rightness. Like Moscovici (and Harre), he is investigating the social in thinking, but whilst the social representations thesis allegedly ignores ideology, Billig focusses precisely on the living out of ideology through everyday talk. Billig (1987) conceptualises thinking as a form of dialogue within the individual and views the rhetorical skills of argument as closely linked to the skills of thinking:

"...thinking takes place through the dilemmatic aspects of ideology."
(Billig et al, 1988:1-2)

This dilemmatic approach depicts both ideology and common sense as comprising contrary themes which are preconditions for puzzling over the world and experiencing dilemmas, without which much everyday thinking would be impossible. Billig claims the very existence of opposing words, evaluations, images, maxims, permit not just social dilemmas but social thinking itself. Without oppositions, there would be no way of arguing about dilemmas. Thus thinking and arguing are closely linked. Social argumentation can be seen as providing the model for social thinking. One must be able to argue in order to deliberate. Individuals must possess dilemmatic aspects of social belief (that is, grasp oppositions) in order to deliberate. If not, choice may disappear.

Billig and his colleagues seek to demonstrate how ideologies are not complete unified systems of belief which dictate to individuals how to feel, think and react, but rather possess internally contrary themes. Similarly, the contradictions within common-sense can be evidenced by the existence of antithetical maxims or opposing pieces of folk reason. Individuals promote a particular policy or action, in part, by showing the inadequacies of the countervailing policy or alternative action and by addressing explicit or implied criticisms of the proposed action entailed in the alternative plan. This constitutes deliberation and rhetorical display based upon a dialectic between justification and criticism. Furthermore, the speaker does not invent the values to which she appeals, but draws upon value-laden vocabularies which are shared by the audience. ie, the speaker uses 'common-places'; appeals to a 'sensus communis' (Billig, 1989:14). Speakers proposing alternative policies or actions appeal to the vocabularies of the same audience, pointing to the contrary themes and contrary common places within the 'sensus communis'. Billig et al claim that the concepts of liberalism have been translated into everyday thinking and are reproduced dilemmatically. They analyse examples of everyday talk concerning a range of topics to show that the (contrary) ideological themes of liberalism can be found in conversations, routines and institutions. Thus, their focus is on common sense deliberation around issues which have moral and evaluative, or ideological roots.

Conclusion: issues for study

To conclude this chapter and this section of the thesis, we should attempt to define, on the basis of the discussions above, the central issues in a study examining baby adoption in relation to debates about the socially constructed nature of motherhood.

We outlined earlier a number of recurrent and widespread beliefs which are held to be central to current notions of motherhood and maternalism found in a range of 'expert', academic and professional literature. That such views are held by 'ordinary' members of society is less well established (though see Wearing, 1984; Gordon, 1989). In this work, then, we can consider, broadly, what beliefs about motherhood and maternalism are held by those in the adoption process.

What meanings are conferred upon a given pregnancy and set of circumstances? We should consider what constraints and opportunities emerge in the decision-making process which are constitutive of the meaning of the adoption choice. We have mentioned how illegitimate pregnancy has been viewed, and still is to some extent, as a 'problem' to be solved: how do specific situations come to be defined thus? (Macintyre, 1976a, 1977;) Given the infrequency of adoption, we should ask what 'problem' it is which the choice for, or deliberation of, adoption is seen to resolve. This is related to the matter, mentioned in the previous chapter, of the 'ambiguity' of the position of the woman pregnant outside marriage. The construction and framing of constraints and opportunities, at its simplest a construction of alternatives, draws upon and itself constitutes part of a body of belief, knowledge and practice in relation to motherhood. What meanings are conferred upon motherhood - and, thus, upon adoption - what are they believed to entail and preclude, to compel and deny; what do women hope to gain or fear to lose?

For instance, one of the central tenets of this alleged dominant ideology of motherhood is its centrality in the lives of women, as a vocation or source of spiritual or emotional fulfilment, or as essential to feminine psychic health (Dally, 1982; Irigaray, 1985). We might ask whether and how mothers and professionals in the adoption process construct the role

motherhood plays in women's lives. This is related to the broader issue of choice and decision-making which the adoption process embodies.

We should also consider what arguments mothers and professionals make recourse to when they explain, justify or criticise a particular decision. What they select to talk about tells us what motherhood 'is about', how it relates to other features of our culture. What motives for taking on or renouncing (social) motherhood are articulated? Further, what are the contrary themes embodied in argumentative thought and deliberation about motherhood? To what values or 'common places' do they make appeal and what evidence is there for discrepant accounts and the existence of different audiences implying distinct criticisms and requiring distinct justifications? (Billig et al, 1988; Mills, 1940). In short, we may ask, what is this terrain or 'battleground' (as it has been called) of decision-making about motherhood?

Next, there are questions relating to a woman's identity as a mother. We should consider whether and how motherhood is considered a reputational matter by the ordinary mothers and professionals in the adoption process. How does a woman manage her reputation and maintain or seek to recover her good moral character? What threats to her identity does she encounter and which coping strategies does she deploy to deal with them? (Ball, 1970; Breakwell, 1986) We might also consider how women conceptualise themselves as mothers when they expect or come to experience long-term and possibly permanent separation from their children. Is a 'mother' still a mother when she no longer 'has' a child? One way of approaching this, it is argued, is through the conceptual device of the 'social role': how does a mother construct a mother-role in the context of giving up maternity? Representations of motherhood embody prescriptions for the enactment of this role. We should also consider in relation to the concept of social role what constitutes a 'good' mother or a 'bad' mother. In particular, we have acknowledged the alleged significance of the emotional in the role of mother (eg Bowlby, 1953; 1968; Klaus and Kennell, 1976). In view of the claims made by some of maternal emotion - its universality, endurance, even 'instinctiveness' - we should consider what the feeling rules and cultural display rules are governing maternal emotion where adoption is intended

(Hochschild, 1979). What happens when the 'rules' are broken? Further, we might ask how this emotion comes to be dealt with or 'managed' when a mother plans to give her baby up.

In the earlier discussion tracing the historical development of certain ideas about motherhood, we noted the alleged connection between the prescriptions of moral entrepreneurs and experts on the one hand, and broader economic and political processes on the other (eg Badinter, 1981; Lewis, 1986). An area for investigation here is the presence within adoption accounts of constraints and opportunities structured by wider social processes. For instance, are current political projects, aimed at altering existing social relationships through the redistribution of political and economic power and expressed in public policies, evident in the talk of those explaining and justifying specific motherhood choices in specific circumstances?

The next two chapters address methodological issues in this thesis. Following them, there are four chapters in which the concepts outlined above are applied to empirical data. The final, concluding, chapter provides a more systematic consideration of observations made of empirical material and the theoretical issues presented here.

CHAPTER 4: METHODOLOGY I: OBSTACLES TO ACCESS

Introduction

The original objective of the present work was to study the decision-making process of the single woman as she considered whether or not to place her new-born baby for adoption. Interest in this stemmed initially from my own experience - facing this dilemma and receiving social work assistance in its resolution. The making of the decision was conceived of as a process rather than as a discrete event. I was concerned with the ways in which 'definitions of the situation' were constructed and changed (see McHugh, 1968; Blumer, 1939). (In this and the following chapter, 'I' is preferred to 'we' because of the autobiographical nature of much of the account.)

In particular, I was interested in how far challenges to previous definitions may occur after the birth of the baby. This point in the adoption career of the natural mother has been identified by several observers as critical. This is because the birth itself is believed to represent a considerable psychological and emotional upheaval for the woman (see, for example, Hurst, 1954; Youngusband, 1964; Oakley, 1980) and this has implications for decision-making. Commentators have noted that many women, especially primigravidae, do not anticipate how strong feelings for the baby can become after birth and how these can challenge or overturn a decision previously made for adoption (Rowe, 1966; Gough, 1961; Raynor, 1971). Although many women consider their final decision to be made before confinement (see Yelloly, 1965; Raynor, 1971; Triseliotis and Hall, 1976 for the questions of timing and finality of consent), many professionals believe the final decision cannot be made until after the baby's birth (e.g. Rowe, 1966). I was interested in the ways in which new definitions and interpretations could be constructed after the birth.

The focus of the research was, therefore, clearly on the natural mother rather than upon the professionals or other parties in the so-called adoption triangle. I was aware that much adoption research focussed

(understandably) on the adoptive unit itself, its creation, peculiarities and "outcome" (eg McWhinnie, 1967; Triseliotis, 1973; Tizard, 1977; Raynor, 1980;). Thus, this study also represented an attempt to 'give voice' to the natural mother. Several textbooks existed written by and/or for the caseworker and these provided the professional's perspective and her perception of significant events, the criteria for a 'good' decision etc (eg Younghusband, 1964; Pochin, 1969; Smith, 1982). Reports of Royal Commissions (eg Hurst, 1954; Houghton, 1972) provide an 'official' view. Additionally, many of these studies carried out investigating the mother's placement decision were conducted when baby adoption was more popular with natural mothers (relative to alternatives). Many adopted a quantitative approach, seeking to establish statistical significance (Yelloly, 1965; Weir, 1970; and elsewhere Meyer et al 1956; Straker and Altman, 1979). They sought to establish correlations between the placement decision and socio-economic or psychological variables, and were concerned with predictive reliability rather than the subjective understanding of the mother. There have been relatively few exceptions to this tendency to screen out the perspectives and definitions of natural mothers (see Shawyer, 1979; Inglis, 1984; and, rather differently and to a lesser extent, Raynor, 1971; Chiaradonna, 1982).

The topic intended for study required an approach which was able to "capture" definitions and their implications for action as they were constructed (and changed) at the time. It was believed that this could best be done through repeated semi-structured interviews conducted at the time of planning and decision-making (ie during the pregnancy and after delivery). What was proposed therefore, was repeated in-depth interviewing (see Macintyre, 1977; Oakley, 1979, as examples of studies in related fields using this type of repeated interviewing.)

Each 'account' (Harre and Secord, 1972; Shotter, 1984; Plummer, 1983) necessarily entails a retrospective quality since it provides a definition of the situation before and up to the point at which the account is given. (It is moreover an account constructed specifically for the purposes of interview.) Furthermore, recalling feelings and emotions is never the same

as experiencing them at the time. To a certain extent, then, the giving of an account is likely to blur, collapse or entirely omit definitions which have shifted over time. It was hoped, however, that interviewing during the decision-making process could alleviate some of these difficulties and provide some account of change and contradiction. Interviewing retrospective to the entire process would exacerbate the problems. In particular, change effected by some events could be so radical, it was believed, as virtually to obliterate recollection of previous definitions, especially where strong emotion was involved.

Gaining Access : The Original Plan

It was initially planned that a sample of pregnant women would be obtained through a single adoption agency, which was responsible for the placement of the vast majority of surrendered babies in Durham County. A meeting was arranged and there seemed to be some consensus as to the desirability of research in this area. Discussion covered various potential difficulties in carrying out the research, but the general 'mood' of the meeting was sympathetic and a decision was made to cooperate. The predominant view expressed by social workers could be summarised thus:

"There are ethical difficulties in carrying out such research, but written guarantees of confidentiality can be provided. If we social workers want to see research done, we will have, at some point, to allow it to be done by 'giving' here and there."

The method of contact envisaged was through a letter written by me. This would provide a brief outline of the nature and objectives of the research; stress the independence of the project; invite the woman to cooperate; and reassure her as to confidentiality and her right to withdraw at any stage. The letter would be given to the woman at an early point in her contact with the adoption agency by her social worker, who would discuss its contents and implications.

Clearly, considerable discretion could be exercised here by the social worker, not only in terms of when she chose to raise the matter and the extent to and way in which she discussed it (eg cautiously or enthusiastically), but also in terms of whether she raised it at all. Understandably, social workers reserved the right to refrain from introducing the subject if they considered a client, for example, unable to cope with additional pressure. The resulting sample, therefore, would have been 'biased' in the sense that it would probably not have reflected certain features of the working population whilst over-representing others (see Blalock, 1979, on sampling bias).

The sample was to consist of 30 to 40 single pregnant women, who were considering placing their babies for adoption. They were to be interviewed twice during pregnancy and twice after the baby's birth. These tape-recorded depth interviews would be designed to gather information concerning the changing definitions of the woman's circumstances, plans and expectations. The first interview would take place soon after contact and the second nearer the baby's birth; the third as soon after confinement as possible and the final interview some weeks later when the mother would be adjusting to parenthood or the loss of her baby.

At a subsequent meeting, some months later, the decision to cooperate was reversed. The predominant mode of reasoning appeared thus:

"Our clients often do not present themselves for counselling until the last few weeks of pregnancy when they can be emotionally confused. The prospect of an additional request upon their time might jeopardise the establishment of a trusting and productive relationship between social worker and client."

What had produced this change of opinion? Subsequent discussion with the social workers revealed considerable variation in beliefs about and responses to the research proposals. This stemmed to some extent from different beliefs about how the professional ought best exercise her responsibility to the client. Two social workers, notably well-disposed

towards the research, were absent from this second meeting. But perhaps crucial to this apparent U-turn was the response in the interim from the (then) DHSS to my application for access to confidential adoption files.

The legal requirement of DHSS permission for researcher access to confidential adoption files had come into effect in May 1984. Since my research began the following October and an application was submitted within the first few weeks, this research would have been among the first to be considered by the DHSS under the new regulations. It was not clear either to my supervisor or myself how proposals would be evaluated and what the 'standard' of the application would have to be.

The initial overture to the DHSS was met by a written reply in which the imperative to uphold confidentiality in all but the most exceptional cases was stressed, and which contained a list of "criteria for authorising access" (See Appendix II).

Broadly, the central issues were:

- history of experience in childcare/adoption issues by the researcher, supervisor and academic institution;
- relevance, usefulness and feasibility of the research methods, including the essential nature of access to records;
- relevance, usefulness and feasibility of the research objectives and results i.e. policy relevance; and
- the preservation of confidentiality.

The proposals submitted to the DHSS, drawn up by my supervisor and myself, in consultation with other members of the Department, were fairly weak on the question of knowledgeability in childcare issues, in the sense that this had not hitherto been a specialist field of researcher, supervisor or department. In other respects, however, the proposals were reasonably strong (or so we thought). While the relevance for policy was considered an important feature of the research, we were reluctant to collapse an academic piece of research into a series of prescriptions for the field.

It is clear from the criteria that the proposals submitted (see Appendix II) as part of a research higher degree risked not being favoured by the DHSS and the subsequent communication refusing access confirmed this. The criteria reveal a clear preference for access to records only by those with professional experience or expert knowledge of childcare. Thus types of research in adoption which are large scale, seek to draw upon a representative sample and to make generalisations to the "general universe", or indeed any which require access to confidential files are possible only when undertaken by those who stand in some sort of professional relationship to adoption.

It is worth noting at this point that in the UK, at least, there are no contemporary large scale studies of mothers who relinquish their babies for adoption. The most recent large scale studies date back to the late 1960s and early 1970s. (For example, Triseliotis, 1970, (sample of 368 mothers of illegitimate children, though the study concerned all aspects of the adoption process); Raynor, 1971, (sample of 124); Triseliotis and Hall, 1976, (sample of 77).) A more recent British study discussing relinquishment for adoption (Macintyre, 1977), focusses on different outcomes to extra-marital conceptions. The approach is qualitative rather than quantitative, and within the symbolic interactionist tradition. It has a sample of 32, 5 of whom seriously intended adoption. Studies in other countries can also be seen to have become smaller in scale, (e.g. Straker and Altman, 1979, with an experimental group of 15; and Chiaradonna, 1982, with a sample of 9). The large scale studies of natural mothers which are being carried out concern mothers' and fathers' post-surrender experience. In these, the overwhelming majority of respondents relinquished children many years before the study. (See, for example, Deykin et al, 1984, (sample of 334, with 321 mothers); and Pannor et al, 1978 (sample of 36 mothers).) This mirrors a declining concern with out-of-wedlock pregnancy and the importance of making the right decision, which is, in turn, connected with the massive decline in the numbers of those parting with babies over the past 20 years (see Appendix I, Tables 11, 12, 15).

Controlling Access and Professional Discourse

After a delay of almost three months, the DHSS wrote refusing access. Explanations were requested immediately and replies received some six months later. A number of issues arise out of the official explanation, and are contained in one particularly important paragraph:

"You may find it helpful to know that we agree that this would be an important area for research. However, the research proposed to enter a very sensitive area which we felt required a significant level of first-hand experience of adoption work. It involved two interviews before the child's birth and two after concerning the natural mother's decision about keeping her baby: this would need highly professional and skilled handling: research experience shows that that these interviews would inevitably be used by the respondents as supportive sessions, and the interviewer/researcher would have to be able to handle a high level of emotion and grief in the interview. There is no discussion of these issues in the application nor of the possible contaminating effect of four interviews on the mother's decision."

Firstly, the Department believed that a "significant level of first-hand experience of adoption work" was necessary before entering a "very sensitive area". It is clear from what follows in the paragraph that this "sensitive area" concerned not confidential adoption files, but the personal trauma of the mother facing the placement dilemma. The implication of this would be to close off interview-based research with women who are experiencing this potentially painful event in their lives to all but professionals in the field. In fact, it is very likely that such research would be carried out with official approval only by those who are or who have been social workers. This is important because the DHSS is addressing an issue much broader than that concerning access to files. The Department is making a statement about who is and who is not an appropriate person for carrying out research in this field: the Department in this instance is commenting upon interviews although its remit governs access to confidential files.

Non-professionals are considered ill-equipped in what is seen as an emotional minefield. Additionally, although a woman who had herself faced this extraordinary dilemma would very probably have had a "significant level of first-hand experience of adoption work", I suspect hers is not the experience the DHSS is looking for! If the Department is not making a statement about who has and who has not the right to define the problem, it is certainly narrowing sharply the range of perspectives from which the problem can be investigated and interpreted, (at least for the purposes of official encouragement and facilitation). Thus, public discourse about this experience, based upon a thorough and systematic investigation, is limited to that of the professional and 'expert'. Exploration of the lives of these women, their changing circumstances and feelings during this critical event and the generation of knowledge from such an exploration are virtually sealed off to all but professionals. Thus, the definition of the professional impinges upon the woman in two ways and at two stages: firstly, the woman engages in countless exchanges with professionals as client, patient etc, and they help her define her situation by describing possibilities (and impossibilities) and by specifying problems; and second the professional as researcher produces a narrative or account of her experience filtered through the professional perspective and overlaid with professional interpretation. (Moreover, these accounts can then be used to inform professional handling of subsequent clients.) Thus, the professional 'framing' of the experience, embodying definitions of 'problems', significant 'events' and plausible explanations of the professional discourse, as the conception of the issue as a field for professional endeavour is reinforced.

It is not that all research with the natural mother is discouraged for the non-professional, but research carried out during the process of decision-making and involving in-depth interviews clearly is. An alternative approach for research into the placement decision entails the correlation of the decision with a number of the mother's personal or socio-economic characteristics. Such research projects are certainly more numerous than those of a qualitative type and were designed in part to refine a predictive technique and assist caseworkers in their planning and

counselling. However, these entail access to records already precluded here. (See Vincent, 1961; Meyer, Jones and Borgatta, 1956; Yelloly, 1965.)

The alternative is a post facto investigation, when the "emotion and grief" have subsided. Retrospective accounts (Inglis, 1984; Shawyer, 1979), which are essentially what has been obtained during the course of this research project, can tell a story but are less able to convey changing definitions in the situation, be it material, interpersonal or emotional. In guarding access to files therefore, the DHSS is also able to gather information about a range of research in the field and then facilitate or hinder it.

Gaining Access : The Second Attempt

In view of the adoption workers' decision about access, an alternative strategy for obtaining a sample had to be devised. An approach to another adoption agency proved fruitless; a further agency believed it would be able to furnish a sample but in practice found it too risky. An adoption worker suggested contacting women through hospitals. This suggestion was taken up.

The advantages of seeking access to pregnant women through hospitals included the fact that over 98% (Stacey, 1988) of all UK births take place in hospitals (with an even higher percentage of first births). Thus, most women considering adoption would make contact at some point with the hospital, in the vast majority of cases before confinement. In this way, most potential interviewees could be reached in an institutional setting. Second, these women could be "caught" at an earlier stage of their pregnancy since in most cases women had made contact with the hospital before approaching an adoption agency.

It is worth noting some of the features of the population under study. The women I wished to reach were single, pregnant women who had expressed some interest in adoption. Members of this population could also share other features in common, but such features would not in themselves confer institutional membership. Moreover, any shared characteristics these women

might have been to be established in the course of the research, rather than assumed at the outset. The dated nature of much research with this group suggested that other samples studied would be of limited usefulness in estimating the likely characteristics of a group selected here.

The population was, therefore, scattered and 'invisible' except in relation to:

- a) the hospital ante-natal clinic where the woman would (probably) be classified as an out-patient;
- b) the hospital social work department where she was likely to become a short-term client either because of her marital status per se or because of uncertainty regarding the outcome of the pregnancy; and
- c) an adoption agency which would provide counselling and, if appropriate, make adoption arrangements.

It was clear, then, that the only reasonable possibility of obtaining a sample of pregnant women would be through hospital professionals. The dangers of jeopardising a long-term counselling relationship were fewer than in the case of an adoption worker. Moreover, contact could be made at an earlier stage of the counselling process. On the other hand, most women who fell into the appropriate category would probably have only one interview with the hospital social worker, which did not present much opportunity for discussion of the research. An overloaded agenda, the presence of another person (eg parent), or the heightened emotional sensitivity of the mother, could (and did) make mention of the research problematic. Additionally, the hierarchy of decision-making within the hospital was complicated. In the adoption agency, the cooperation of the Organising Secretary and social workers had to be secured. In the hospital, the Principal Social Worker, social work team members, consultant gynaecologists/obstetricians and members of the Ethical Committee would all (though not in that order) have to be consulted and convinced.

Professionals as Gatekeepers

At this point, it would be useful to discuss some of the issues raised by the question of access through professionals. In trying to reach members of the population who are not identifiable as members except through their interaction with professionals in various institutional settings (we shall mention in brief the use of advertising later), the professionals involved are clearly in a position to act as 'gatekeepers', (defined by Burgess as "those individuals in an organisation which (sic) have the power to grant or withhold access to people and situations for the purposes of research" (1984:48)). The DHSS acted as a bureaucratic gatekeeper guarding access to confidential files (and, indirectly, to subjects for interview).

The professional, however, does not act as a disinterested individual or independent arbiter, or as a researcher or social scientist, but as an individual with her own priorities and values, and as a professional, bound by professional norms of conduct and possibly operating within an institutional setting. Moreover, those to whom access is being sought do not exist for the professional as members of a research population but as clients or patients. This means firstly, that there are professional obligations to exercise towards the client/patient; secondly, that there are implications for the professional-client relationship (the professional may be perceived by the client to have some non-professional interest in the client); and thirdly, the role of the professional and nature of the professional-client relationship may be (perhaps correctly) suspected by the professional to become themselves targets of the research.

There are a number of reasons, then, why gaining access to the research population through professionals-as-gatekeepers is likely to encounter difficulties and lead to the modification of an 'ideal' research design. Once again, the power of the professional to impinge upon the construction of a discourse about this particular experience is evident. Furthermore, social workers (the most significant professionals in the adoption process) may not be keen to admit to the researcher that they have doubts about their own effectiveness and competence and that they feel vulnerable

about this being 'discovered' through social investigation. Broader social and political considerations may also play a role: for example, the belief held by some social workers that they are 'society's scapegoats', reinforcing defensiveness.

Professionals may also evaluate the usefulness of the proposed research (or even research in general) in quite different ways. A professional may wish to see the research go ahead, but not to be seen to be associated with it for fear of being perceived by colleagues to be undermining professional autonomy (where, for instance, the researcher is an 'outsider'). Alternatively, the professional may wish to be associated with the research if this is likely to convey an impression to significant others that s/he is forward-looking and keen to improve the services to the client. Determining factors here will be the career structure of the profession (plus ambitions of the individual), the perceived attitudes to research of immediate superiors, and the value and meaning assigned to research within the professional community as a whole. Nor should the importance of such factors as office organisation and staffing-levels relative to work-loads be underestimated.

Some informants offered their own views. Two local authority adoption workers expressed the conviction that the refusal by other workers to grant access to clients arose from professional self-protection rather than from concerns of confidentiality and risk of distress. This self-protection, they claimed, consisted of a reluctance to expose actual professional practices to the scrutiny of an 'outsider' and a desire to retain 'control' of the client. Professionals often maintained, they continued, a sense of their own importance by constructing clients as vulnerable and unable to make decisions on their own. Another example of this reflexivity concerned the extreme cautiousness of one hospital social worker. One colleague explained this in terms of her 'conservative' personality and recent bad experience of 'researcher interference'. Another social worker, however, explained it by reference to the history and organisation of adoption services in the authority (essentially slow to respond to legislative initiatives and changing outlooks).

There are, it is evident, a number of ideological, structural and situational features which will combine to produce a conducive or resistant approach to the proposed research. The range of these features or determinants permitted professionals to construct quite distinct 'modes of reasoning', (see, for example, Harre 1981), possibly reaching opposite conclusions when confronted with the same set of research proposals.

What follows is a selection of modes of reasoning encountered during negotiations with social workers. Each paragraph is not a verbatim transcription, but rather represents the distilled essence of different rationalities:

"There is a paucity of research in this field and this project could make a worthwhile contribution. If social workers believe that research is needed, we should be prepared to make the efforts necessary for its success. By doing this, we will have some chance of improving practice for the future."

"There is a paucity of research in this field and this project could make a worthwhile contribution. However, social workers must place their professional duties first, and this entails protecting clients from unnecessary distress."

"There is a paucity of research in this field and this project could make a worthwhile contribution. However, with current shortages of staff and mounting case-loads, there is a limit to the cooperation we can give."

"We would like to see this research succeed and it is, therefore, important we should present it to our clients in a positive manner, discussing thoroughly with them issues which arise."

"We would like to see this research succeed, but it is important that the client does not feel in any way pressured into cooperating and, therefore, we should do no more than present it to her in a neutral

fashion. We should not be seen to be too closely associated with the research by devoting a great deal of time to it."

"I think you will have difficulty establishing a reasonably sized sample, though I think your research is worthwhile." (Consultant)

"I think you will have difficulty in establishing a reasonably sized sample and, therefore, I think your research is not at all worthwhile."
(Consultant)

Negotiating Access in Hospitals

To recap, when the adoption agency workers decided not to provide a channel of communication between myself and the natural mothers, a decision was taken to gain access through a number of hospitals. Hospitals were selected on the basis of the degree of likely overlap between the final sample and the adoption agency's clientele. Given the willingness of the agency's staff to be interviewed, and my interest in the natural mother's perception of social work assistance, it was believed such an overlap could be fruitful: perceptions of professional help from both perspectives could more easily be compared. Women would be interviewed according to the original design, before and after giving birth.

On the advice of an 'insider', I responded to the hierarchical manner in which hospitals conduct their business by approaching the relevant consultant (or one of several) in each hospital. Permission was sought to contact the Principal Social Worker. After a period of negotiating the technical details of the social worker's mediating role, and with social work approval, I applied to the Health District's Ethical Committee for a research protocol form. Proposals for the project were then submitted to the Ethical Committee.

This method involved three tiers of professionals which, while sharing many concerns, had their own interests to protect. For example, while all were interested in minimising any possible disruptions to the routine

functioning of the hospital, Ethical Committee members paid particular attention to the issue of formal consent and to the storing and disposal of tapes and transcripts and access to data once the research was completed. Social workers were more concerned about the content of interviews and protection of their clients from unnecessary distress. This divergence of concerns should not be exaggerated - it was, rather, a matter of emphasis. But it was the case that a number of 'concessions' had to be made and reassurances given to meet the ethical and practical requirements of each professional layer dealt with. This, undoubtedly, contributed to the 'success' of the proposals in terms of their acceptability, but also, very probably, to the failure of the proposals in terms of their capacity to deliver (ie to furnish a sample).

Many 'concessions' were anticipated. It is possible that a more aggressive bargaining stance could have resulted in a project design more likely to produce a sample. However, it is difficult to envisage this given the weakness of my position in terms of research credentials (no medical or professional training, no track record of successful research in this or a related field and so on).

Concessions included respecting hospital 'etiquette' (the power structure); proposing a research design which minimised both additional work-load to the professionals concerned and demands made on other hospital resources; and taking no risks with confidentiality, constructing an approach designed to preserve the anonymity of those who did not wish to participate. Several social workers explained their limited capacity to take on further tasks due to low staffing levels. Most social workers opted for a fairly 'neutral' presentation of the research to the client. (However, it is worth noting that the one hospital social worker who attempted a more enthusiastic and determined presentation achieved no greater rate of success.) Additionally, attempts to persuade them to pass on names and addresses where the client had no objection (to eliminate the letter's requirement of active and positive consent-giving) proved utterly fruitless. It seems unlikely, therefore, that a much more favourable package could have been negotiated.

Marketing the Research and Researcher Eligibility

During this period, a great deal of pressure was felt to sell the research as feasible and worthwhile and myself as capable of and qualified for carrying out the research (here termed 'researcher eligibility'). Documentation of these early negotiations lack detail largely due to my failure at the time to comprehend and appreciate them as an intrinsic part of the research. This lack of reflexive appreciation gradually altered with the realisation that research subjects and the desired project would not materialise.

One 'selling point' was the independence of the research from any particular pressure group or professional body (this could also of course be perceived as a weakness by those fearing outside interference). This characteristic of the project was believed to enhance the marketability of the research to the natural mothers themselves, but was emphasised to each party. Much debate, particularly amongst social workers, surrounded the question of the natural mother's perception of the researcher's role and allegiances. Some believed a written explanation as to the researcher's independence of social work would suffice (social workers did not wish to be too closely associated with the research); others were convinced all attempts to distinguish the roles would be ineffective. One adoption worker claimed that "our girls" had not the "intelligence" to distinguish amongst the different individuals who impinged upon their lives during pregnancy and after delivery: "we're all authority to them." These discussions, in fact, represented some acknowledgement of Burgess' contention that:

"...the point of contact that the researcher has with an institution, organisation or group will influence the collection of data and subsequent perspective that can be portrayed" (Burgess, 1984:45).

Social research is, of course, part of the society it purports to be investigating and this accounts for the importance of acknowledging lay or common sense conceptions of 'proper' research and the 'proper' researcher. Researcher eligibility hung in part on impression management. I drew upon

shared beliefs and expectations of how a researcher behaves: polite, informed, organised, discreet, sympathetic, but practical. I always made plain the intention not to engage in counselling the interviewee on the grounds that I had no training as a counsellor and that this was not the purpose of the research. Among other things, this was calculated to allay fears of encroachment on professional territory. One social worker expressed the belief that counselling skills were a prerequisite, though not sufficient condition for suitability as a researcher; in her view (reminiscent of the DHSS position), only professionally trained social workers should in fact be permitted to carry out such research. Although no other social worker expressed this opinion so explicitly, this fact that the researcher was not a social worker made the crucial difference since it resulted in the continual need to try and get in from the outside. Two social workers expressed the belief that a non-social worker could provide a clearer picture of the client's perspective, since it was the training and experience precisely of the social worker which prohibited her from perceiving the position of the client through anything but the spectacles of professionalism (and an interested professionalism at that).

One final point to be made here about researcher eligibility concerned my own previous experience as a social work client making the adoption decision. I had to decide whether to 'tell' or not. There are many honest answers to the question: Why did you decide to study this particular topic? Usually, (but not always), the reply given accorded with utilitarian principles with the aim of avoiding jeopardising the acceptability of the research. Care had to be taken since many informants and gatekeepers had formal or informal contact with each other. Conceptions of 'proper' research were crucial here (see below, Chapter 5). For some, my experience suggested a special understanding of the issues involved and provided some assurances as to my appreciation of the need for sensitivity in a delicate area. To others, it raised problems of 'researcher bias' in the study of a topic which could, it was implied, be viewed through some value-free and neutral perspective. This constituted another example of the way in which different modes of reasoning could be

deployed to organise and make sense of identical information in the generation of different (even opposite) conclusions with reference to notions of researcher eligibility. It is noteworthy that none of these issues were ever raised by the natural mothers themselves.

Over the course of many months, an elaborate machinery was established in 5 hospitals with the purpose of producing a sample. Despite these months of patience, efforts at negotiation, painstaking attention to minor details, the resulting machinery did not produce a single interviewee. Subsequent checks with hospital social workers indicated that relatively few women whom they had seen had fallen into the appropriate category; that fewer than a dozen had been presented with any information, these stating then or subsequently that they did not wish to cooperate; that in many instances social workers felt unable to mention the research due to the presence of another person, or the client's emotional sensitivity; and that in one instance, the principal social worker's willingness to cooperate with the research had not been shared by the team.

It is not possible to provide an independent check on the social workers' reports. The precise criteria employed by social workers in determining which clients were suitable candidates for introduction to the research (and which were not) can only be speculated upon. Some social workers may have forgotten to mention the research to some clients but reported these as inappropriate or uncooperative. It was clear that amongst those agreeing to hand over the letter, there existed a considerable range of interest in and commitment to the project (see Macintyre, 1977:34, for a discussion of similar difficulties with GPs). One social worker had predicted that what he described as "social worker sabotage" would render attempts at research ineffectual. Perhaps he was correct. In any event, the method failed to produce the intended result.

Professional access and participant observation

Before moving on to discuss the redesigning of the research project, we should pause here to consider this series of failed attempts to negotiate entry as an unanticipated experience in participant observation.

Participant observation is a method for watching people in the situations they encounter in their daily lives and for noting their behaviour and responses to them. Social workers and other professionals can expect, not on a daily basis certainly, but from time to time throughout their professional lives, to encounter requests from members of outside institutions to conduct research on their professional terrain. These professionals can expect to make use of formal and informal mechanisms for dealing with such requests.

In this particular case, adoption agency workers first, and hospital social workers second, were approached for access to clients within their jurisdiction by a researcher who did not work within their organisations or within either their own or related professions. The researcher was without doubt an outsider. Social workers were encountered in a specific context and for a specific purpose. The situation was initiated by the researcher, but is one of a type of situation professionals can expect to deal with. The events which unfolded provide a view of social worker response to such requests. In this way, we see that these professionals cannot in fact achieve absolute denial of access: refusing research is itself an observable and recordable posture.

Participant observation can be seen here as both a method - a means of gathering data at close quarters - and a role. Gans has noted the difficulty of classifying the distinct roles he assumed while gathering data through participant observation in various settings (1982). My own role in the process of access negotiation altered as my perspective on the research process broadened and became more reflexive. Part of this, my conception of social research, of what it is, what it is about, altered also. I became more of an observer as well as a participant. I participated in the active role of the outsider confronting professionals with a request for entry. I observed as I became more aware of process, of the place of this process within the research project as a whole (see Cicourel's 1964 discussion).

Professionals are challenged not merely to refuse entry but to do so in a way which does not impair their image and the deference they can expect

from others. We have mentioned above how social workers could deploy different modes of reasoning. We can refer here to 'vocabularies of motive' (Mills, 1940 and chapter 3 above). For instance, the 'outsider' status of the researcher could sometimes be mitigated by appeal by both parties to membership of a common community based on interest in adoption and concern to appreciate the adoption experience, improve facilities etc. However, whilst this was used by the researcher as a means of establishing trustworthiness and thereby gain access, it was used by professionals as a vocabulary of motives for refusing entry ("No doubt, you appreciate our concern for our clients at this sensitive and distressing moment in their lives"). On the whole, apart from a few exceptions mentioned above, social workers did not avow or impute self-protection as a motive for refusing access or the fear of 'exposure' (such as where the researcher identifies and reports failings in professional practice). This may be because to do so would admit that such failings exist and/or because professional self-protection is not considered an acceptable motive for denying access.

The following chapter examines the redesigning of the research and the selection of a broader range of informants. It also incorporates a discussion of issues raised by the analysis of the data gathered.

CHAPTER 5: METHODOLOGY II: REDESIGNING THE RESEARCH

Redesigning the original research

It became clear that a major modification would have to be made to the purpose of the research. As the methods available for implementing the project shifted and narrowed, so the phenomena which could be investigated altered and, with this, the objectives of the research were forced to change.

A decision was made to reformulate radically the research. The exclusive focus on the mother's perception and sense-making (ie construction of reality), centring upon the placement decision, was abandoned in favour of the multiple perspectives of key actors in the adoption process (social workers, midwives etc). These post-holders were chosen because they offered some service to the mother considering relinquishment of her baby. They were considered likely to hold specialised knowledge about the mother's 'career' and the adoption process. It was believed that their professional training and experience of many cases over time would equip them to make comparisons and generalisations, to abstract, to be able to report general trends and developments within the field. Moyser and Wagstaffe have noted that what they term 'elites' may be interviewed by researchers, not because they form the central focus of a given study, but because they are participants in various processes or organisations, or because they engage in relationships with others which themselves are the main subject of analysis (1987:4). Here, 'elites' are not so much leaders as experts and guides, and their 'power' is neither pre-supposed nor is its investigation considered an essential part of this work.

Selection of informants

Interviewing family members was ruled out for fear this might jeopardise the consent of the few mothers who eventually were reached (see below) and for fear the mother might sense this as endangering confidentiality. Most central among the professionals and information-givers whom the mother might typically encounter along her adoption career is the adoption worker.

This is the post-holder most likely, for reasons outlined in Chapter 2, to hold expert information about the adoption process. She can be expected to possess not simply information about legal and bureaucratic procedures and about her own role in the process, but also about the mother/client. Adoption workers would have experienced a range of different client situations and, where she had held her occupation for some time, possibly a range of different institutional settings and procedures (eg one worker had been in post since the late sixties when baby relinquishment reached its peak and when, with much heavier caseloads, working procedures were quite different). These factors would place adoption workers in a good position to compare across case, time and setting. Hospital social workers were likely to encounter mothers considering adoption at two points in the process: where she was referred for assistance from the ante-natal clinic and where she came into hospital to deliver the baby, for whom special arrangements for separate care had to be made. As mentioned in Chapter 2, these workers varied a great deal in the extent of their involvement with the adoption process ranging from minimal to very considerable. Labour and post-natal ward staff and special care nurses and midwives were also known to have rather limited, but nonetheless important contact with the mother during the adoption process, particularly during confinement which could be a critical point for decision-making. Hospital consultants were considered more peripheral to the mother's adoption career and interviews with three of these suggested they also believed this the case. Post-holders were thus selected chiefly upon the significance of their interpersonal contact with the mother, though there were exceptions (see below).

Tremblay has noted that 'key informants' are not statistically drawn respondents but are strategically selected. Honigmann (1982) adds, however, that some informants may be 'selected' solely because they are available and willing to cooperate. In this research, it would be fair to say there were both 'judgement' and 'opportunistic' elements to the sample selected (see Moyser and Wagstaffe, 1987:14-17 on the lack of 'precision and sophistication' in the sampling of elites). As we have mentioned, hospitals had been selected on the basis of their connection with the original adoption agency. Once the decision had been made to shift the focus of the research and to broaden the researched population, nursing and midwifery

staff and hospital based social workers were selected on the basis of their location in these particular hospitals, where contact had already been established and the research project familiar. Within hospitals, not all the post-holders who fell into these categories were interviewed. This was largely because of social and organisational processes within these institutions. For instance, hospital social work departments could operate in a more or less hierarchical fashion and in some it was possible to speak with the principal social worker only, in one with more junior members of the team also, and in another with the social worker considered by her colleagues (and superior) normally concerned with the relevant category of client. Another consideration shaped the 'selection' process: staffing levels relative to work loads. Many hospital workers in different departments felt overworked, and it was thought inappropriate to expect all to cooperate with the research.

Some such key informants were reached through a 'snowball' mechanism, that is, contact with a certain informant might lead to introductions to other informants. Usually, contact with nursing and midwifery staff was made through introductions arranged by the hospital social workers. Where such introductions were offered, they were considered favourably since evidence that I had already established myself as a bona fide researcher within the institutional setting was believed to motivate potential informants to cooperate. Additionally, major developments in the reorganisation of adoption services were taking place during the period of data gathering and the replacement of one unit by another also generated introductions to new informants. Moreover, information gathered through interviewing some key informants may be used to restructure progressively the choice of additional informants and content of subsequent interviews. In this work, as it became clearer that housing options proved critical in some cases, information about the range of housing facilities available to potential single mothers was sought from a range of housing agencies.

Thus, access to key post-holders was also to some extent controlled by social processes within the field, as was access to the mothers themselves.

These interviews were comparatively easy to arrange: professionals had no objection to providing their own accounts of the natural mother's experience of adoption. Interviews were carried out with 25 social workers (working in 7 hospitals and 4 adoption agencies); 3 consultants and 6 nursing and midwifery staff; 10 key informants in Social Services Departments, Housing Departments, advisory agencies and voluntary organisations. A sample of 10 natural mothers was eventually acquired, principally through the mediation of 2 adoption workers who volunteered to contact previous clients, although two resulted from follow-up enquiries into the sources used by a television programme and one from a radio interview, which was used as a method of advertising. Advertising was also attempted through the magazines or newsletters of two self-help organisations. A questionnaire was sent to 40 randomly selected adoption agencies in the UK (200 in all), and 11 of these were returned fully completed and a further 2 partially. This gathered data concerning certain agency practices and conceptions of the 'right' decision. We should also mention that outside formal interviews, countless exchanges at conferences, by letter, over the telephone, in accidental meetings in the street, informal lunches and so on also contributed to the collection of information and enriching understanding (see Pridham (1987) on ad hoc features which impinge upon key informant selection and the significance of unplanned contacts). A number of individuals and organisations (eg Mothers Apart From Their Children, Stillbirth And Neonatal Death Society) were contacted in search of material connected with grief experiences, though this revealed little connected specifically with loss through adoption. Other documentation included standard adoption forms, housing allocation programmes, literature on pre-school childcare provision and changes in benefit entitlement. Additionally, various historical documents were consulted, ranging from Reports of Adoption Commissions, Parliamentary papers and a range of local archival documentation, eg the minutes of local Boarding-Out Committees. Official statistics have been examined to decipher major trends, particularly in extra-marital maternities and adoption.

Interviewing: methodological and ethical dilemmas

The interviews were semi-structured. The majority (those with mothers and

social workers and nurses) were designed to gather information around a number of aspects of the mother's experience of the adoption process and decision-making (for example, patterns of referral, emotional response after birth, perceptions of counselling objectives and so on). At the same time they permitted the interviewees to raise matters they considered of relevance and to present information in a way they considered appropriate. For instance, this enabled the mothers to establish the parameters of the story in the context of their own biography: although a woman may have been asked to cooperate with the research on the basis of adoption counselling through one pregnancy, where there was or had been another child, she tended to see both pregnancies as part of the same 'story'.

The interview was conceptualised as a more or less structured conversation (see, for example, Burgess, 1984; Caplow, 1956), the meanings and objectives of which - to take up the debate with the DHSS once more (see Chapter 4) - might or might not be similar for researcher and interviewee, but were likely to be a matter for some negotiation. Furthermore, these could change during the course of the interview. For example, it could be possible for the researcher to consider the interview as an 'information' interview and for the informant to see it as a 'therapeutic' interview (as Caplow defines them, 1956). Moreover, I understood the interview to embody a relationship, unique in each case. The social meaning assigned by the actors to relative career/academic status, gender, attitudes to and beliefs about research etc and other situational factors would be critical in determining the nature of this relationship.

'Data' and 'knowledge' are social constructions and the nature of the data evinced depends heavily upon the social context in which it is sought (as well as on technical processes, such as recording). (Observers in many theoretical fields have noted this: for example, Thompson, 1978; Cicourel, 1964; Bateson, 1984.) The account or data developed through a conversation between two women is as valid as that generated by a closed questionnaire or an in-depth interview by a social worker or counsellor, although it is certain to be different. Each data set or account will present its own unique problems for interpretation, but any adequate (and honest) interpretation must certainly make reference to the context and method

through which the data have been elicited and structured into 'knowledge'. This is seen by some as important a task for the sociologist as an analysis of the substantive 'results' (see Cicourel, 1964, on the need to develop a theory of communication and Burton's call for a theory of data, 1978.)

It was expected that different women would 'use' the interviews differently: as an opportunity to talk about a personal matter with a complete stranger (see Gorden, 1956:159); as a means to add to knowledge and, thereby, enable women to benefit from their experience; or simply as an opportunity to talk about themselves. (In fact, each of these featured amongst the stated factors for cooperating amongst the sample finally obtained.) The acknowledgement of the context-specific nature of all data makes it possible to tolerate the different objectives and interests of the informant and to negotiate over these without somehow 'invalidating' the account. This opens up theoretical space for the ethical principle of not 'objectifying' the interviewee. This objectification entails perceiving and addressing her merely as a generator of data of relevance to the researcher and whose productivity and output can be maximised through skillful handling and manipulation (see Oakley, 1981).

It would be untrue, however, to give the impression that positivistic notions about what constitutes 'valid data' and what could jeopardise it had no impact. On the contrary, these ideas, centring as they do on concepts of 'objectivity', 'impartiality', 'bias' and so on do hold considerable sway in many interviewing text books (for a discussion of "the paradigm of the 'proper' interview" in sociology textbooks, see Oakley, 1981.) Furthermore, these views seem particularly evident in 'common sense' notions of 'proper research', which almost certainly predominated in my own conception of social research at the outset (see, for example, the submission to the DHSS for access to files in Appendix II). The collision of these notions with a number of ethical issues raised by the nature of the researched phenomenon seemed unavoidable. Interpretive and feminist approaches to methodology (see, Roberts, 1981; Bell and Roberts, 1984;), however, have provided accounts which demonstrate both that comparable ethical qualms are experienced by many researchers in various fields and that approaches alternative to the positivist thesis exist, which theorise

the status and construction of knowledge in ways more sympathetic to what could be termed a humanitarian ethics.

Despite the stated convictions of the DHSS (previous chapter), the opinion is not held here that professional skills must first be acquired for the handling of emotion in interview. Individuals have to contend with emotional issues as a matter of course. They are an intrinsic component of human social life. Radley, for example, conceptualises emotion as: "expressive of the relationship of individuals to society" (1985:5). Individuals have (or, at least, endeavour) to cope with their own emotional troubles and those of others in the course of their everyday lives. Women are particularly implicated here, since they tend to be seen by both men and women as more sympathetic and "better listeners". McKee and O'Brien (1983) provide numerous examples of this operating within the research process itself.

Only comparatively rarely do individuals consider that their emotional problems are so serious, or of such a type that they can be dealt with only by professionals, be it psychologists, psychiatrists, social workers or counsellors. To claim that women facing the adoption dilemma constitute such an extreme case is to make an unwarranted assumption. "Common stocks of knowledge" (Schutz, 1972) or "what everybody knows about" (Garfinkel, 1967) and "interpersonal skills" (Argyle 1975) enable individuals to discuss emotional matters without professional training. These capabilities and knowledge are not cancelled out by the research context but can be (and always are) put to use in it. It would certainly be naive for a researcher to engage in interview without anticipating or allowing for emotion (her own as well as that of the interviewee) and without some thought as to how best to respond to it. Decisions about how to respond would depend upon the range and limits of one's (everyday) skills, the researcher's conceptualisation of the research and its objectives, and of the interview and the relationship it embodies.

An early concern, related to this, consisted of the role of the interviewer and the (positivistic) concept of 'interviewer neutrality'. This seemed particularly pressing since the subject matter was extremely sensitive (was

it permissible to express sympathy, and if so, how?); and because of my previous personal experience of this decision (Oakley's 1981 discussion of 'asking questions back' seemed especially pertinent here). The 'proper' interview seemed to demand a 'split': taking the 'interviewer' part of the self into the interview and leaving the rest behind. This fear also existed in relation to analysing data: would analysing transcripts through the perspective of one's own adoption experience amount to 'bias'?

Interpretive approaches (Burton, 1978; Hammersley and Atkinson, 1983; Plummer, 1983; Burgess, 1984) which emphasise the situation-specific nature of data and the construction of knowledge through technical and social processes, and which theorise the impact of the researcher on the researched in a way which exposes the illusory character of alleged 'neutrality' recast the problem, which becomes one of theorising the relationship between the account and the context.

I resolved the problem of the interviewer's role by combining moral, instrumental and theoretical considerations. A moral obligation to respond to the interviewee (particularly the mother) with sympathy and reassurance, to convey acceptance of what was said and to answer honestly questions posed; an instrumentalist evaluation of which response could most effectively maintain the flow of communication; and a theoretical acceptance of the context-specific nature of the resulting data were combined. These rules were clearly designed to facilitate the self-expression of the interviewee rather than conserve the 'neutrality' of the interviewer (see Caplow, 1956:165).

Common sense conceptions of research and role playing in interview

This 'permissive' interview style resulted in three observations. First, interviews tended to a looser structure; second, the interviewee's conception of social research affected the research encounter; and third, it is possible to identify distinct 'modes of engagement' with interviewees to achieve different objectives (and sometimes the same objectives).

Transcribing earlier interviews revealed some omissions and subsequent interviews tended to be more focussed and disciplined (ie more diligent attempts to cover the main issues). However, the significance of information given 'spontaneously' is likely to be different from that given in response to a directive question and its value should not be underestimated (see Becker and Geer, 1982 and discussion below).

Common sense notions of good social research were important (to an unanticipated extent) both in negotiating access and in 'information' interviews. Where a 'gatekeeper' suggested 'ivory tower' research was not 'real' research, the policy implications of the project were emphasised (this was linked to notions of marketing discussed above, Chapter 4). Where it was thought the interviewee expected a certain type of 'knowledgeability' (eg previous contact with other post-holders, the state of the local housing market etc), I would make the appropriate references. It was clear that some informants believed 'proper' research should be carried with considerable formality (see impression management, Chapter 4).

Social workers, above all, demonstrated great concern about the manner in which the research was designed and carried out, not simply because of professional protectiveness towards vulnerable clients, but also because of beliefs about reliability (and these are related). Adoption agency workers were most concerned with the construction of the sample: would professional scruples, exercising a sifting process with clients/potential subjects, 'bias' the resulting sample, thereby invalidating the research? They also raised questions of analysis, expressing the belief that the uniqueness of each case placed limitations on the usefulness of generalisations and thus the applicability of findings to policy formulations. Several expressed doubts about obtaining much information from the less articulate ("some of our girls haven't much to say"), implying these 'girls' would not be useful as research 'tools'. Thus one set of clients was considered of limited value as research informants (the 'inarticulate'), while another was considered inappropriate as research subjects (the emotionally 'vulnerable') and to be made inaccessible. Hospital consultants suggested numbers would be too small to provide conclusions of any use in the field. Again, it is the 'usefulness' of the project which appeared most important

(see Wenger's edited volume concerning research relationships in various areas of social policy, 1987).

Another respect in which common sense conceptions of 'proper' research had some impact concerned interview content. It was most noted in interviews with social workers that whilst some would find a given question 'easy' to answer, one or two did not. In these cases the question could become 'controversial', that is, doubt was cast over its status as a legitimate research question. Such questions lacked legitimacy either because they were 'unanswerable' ("you can't generalise"), or because they were too obvious. 'Unanswerable questions' generated confusion. Faced with the question: "How often do you try to see your clients?", most adoption workers would generate a response by providing either figures or criteria determining the extent of contact. But one worker became very uncomfortable: "How can I answer that?". What 'qualified' as a research answer to a research question could not be 'seen' by everyone. What did a 'proper' research answer look like?

Some questions were considered too obvious by some informants to be legitimately asked ("Why do some women think two parents are so important for the baby?") (Gill makes a similar point, 1977:98). Where the legitimacy of a question was doubted, the credibility of the research and researcher could be in danger and the resulting tension affected data gathered. The problem could be seen to result from 'role conflict'. Social actors occupy a range of social roles, especially in a complex modern society (see Turner, 1978; Biddle, 1979). In the interview, each actor is expected to play at least two roles: one as interviewer/interviewee; the other as a ordinary member of society, sharing certain common sense reasoning and knowing 'what everybody knows about'. Other roles may also be demanded (eg as mother, woman, critic of the government and so forth). Benney and Hughes, over 30 years ago, commented in relation to interviewing that there are different degrees of self-involvement and intensity in playing out a role and different degrees of expected involvement (1956:138). Attempting to understand attitudes and the premises of attitudes may entail querying common sense beliefs. Where the interviewee understands this to be the intention of the researcher, she will accept the question as legitimate

(though may be more guarded). The interviewee may regard any question as legitimate simply because of her beliefs about what powers and obligations are conferred by the interview encounter (see Milgram, 1974; Orne and Holland, 1968 on 'demand characteristics'; and Benney and Hughes, 1956:139 on the docility of some interviewees).

'Modes of engagement' refer to approaches to interview, embodying particular roles assumed by the interviewer vis-a-vis the interviewee. With natural mothers, the researcher assumed the role of a supportive, accepting and sympathetic listener (not dissimilar from Oakley's typification of interviewer as psychoanalyst, Oakley, 1981:37). This was to protect her from feeling 'exposed' and as an encouragement to say more.

In interviews with some professionals, the researcher could experimentally enter a 'combative' or argumentative mode of engagement. Where the interviewee appeared to possess the capacity to abstract, plus a degree of confidence about her/his own competence, the researcher could set herself up as 'devil's advocate'. This would be done quite explicitly to avoid appearing suddenly threatening and after some 'safe' interview relationship had been established, in keeping with a sense of the interview as a process. Rose defines 'experimentation' in interviewing as "introducing a novel stimulus and noting the response to it" (1945:143). Here, this method could be deployed to discuss issues which seemed to lend themselves to debate (such as the nature of parental rights, whether non-directive counselling existed outside textbooks and so on).

Another mode of engagement consisted of 'reinforcement', where the most successful way to maintain the flow of information seemed to be to agree with everything the informant said. This seemed most appropriate with public officials (eg members of local authority departments), whose awareness of accountability encouraged defensiveness. This was likely to be employed for almost the entire interview (see Birms, 1987 for further discussion of the interviewing of 'defensive elites'). The researcher's need to demonstrate or conceal prior knowledge and expertise must ultimately be gauged during interview, but previous experience of research with a given group may offer guidance (see Sinclair and Brady's account of

researching US Congressmen, 1987). Rose observes the usefulness of altering the interviewing approach and of the interviewer 'taking an active role'. He also notes:

"...the type of role which would elicit the most information about the attitude of a particular person cannot be predicted until the interview develops." (Rose, 1945:143)

It is clear from all this that the interview, embodying a unique relationship, entails a degree of riskiness for both parties. It was important to terminate the encounter with both satisfied that an 'interview' had taken place and that it had been 'successful' (with neither party exposed or discredited). Difficulties could sometimes be resolved by the researcher helping the interviewee out: this was considered preferable to other possible consequences (eg breakdown of interview and discrediting of the researcher in the field which could block further access). Interviews with public officials could be risky where the official wished to convey a readiness to assist in matters of research (indicating accountability), whilst simultaneously and covertly withholding relevant information. The risks run in interviewing have been noted by others (eg Sinclair and Brady, 1987). This riskiness may be usefully viewed through an interactionist perspective, where each social encounter entails a negotiation of self and situational meaning. This negotiating process is seen as continuous, and provisional selves and relationships appear rather precarious, constructed and reconstructed through each episode of interaction (see, for example, Goffman, 1959).

Data analysis

We shall consider here: first, the definition of the central research topic; second, various analytical procedures and the selection of material; and third, the relationship among data, analysis and claims to sociological knowledge.

The initial analytical task was the identification of the central research phenomenon. The definition of the research problem arose out of of the

process of interview and transcript analysis. A number of possible themes emerged, for example: that of the 'family', and of 'rights'. Ideas about motherhood and maternalism, however, appeared implicit or explicit in much that all categories of respondent had to say: for instance, beliefs about the appropriate circumstances for embracing or renouncing social maternity; notions of good and bad mothering; perceptions of proper maternal feeling; appropriate entitlement to resources conferred by motherhood, and so on.

Secondly, these ideas and beliefs were conveying more than simply matters of adoption. Notions of 'maternal instinct' embodied ideas about what 'normal' mothers feel, what 'all' mothers typically feel, and similarly with conceptions of good and bad mothers. It seemed therefore, that material gathered in the adoption context could tell us something more generally about motherhood in modern society.

As the centrality of the concept of motherhood in adoption talk became evident, further data gathering could be increasingly focussed. This was part of the way in which later data gathering was shaped by the observations made of earlier data collected. Once the central research topic had been defined, it was inevitable that some material would not be used in the final report. Second, it is necessary to structure material in terms of its importance or centrality, and this compels selection. For instance, the decision was taken to present empirical data in a way which revealed aspects of motherhood and maternalism around the themes of the placement decision and secondary related decisions and this has resulted in reducing the importance of the data gathered from those providing information about housing and financial entitlement. Such respondents cannot be said to be directly engaged in the adoption process itself, but are members of institutions which have an indirect impact upon this process. Data from these respondents have not been omitted entirely, but are taken up in the concluding chapter as a way of contextualising the accounts of those at the heart of the adoption process. Finally, the sheer volume of collected information required sifting and selection.

One of the most significant points of selectivity occurred at the report-writing stage where earlier drafts of chapters dealing with historical data

were abandoned. History always presents a tempting line of enquiry, but given the constraints of space and structure, we considered eventually that its place would be limited within an approach comprised centrally of an analysis of reports of those recently or currently engaged in the adoption process. The historical elements of the thesis are now confined in the main, to Chapter 2 above, and Appendix III below. Another point of selection occurred through the exploration of certain theoretical approaches which informed earlier drafts, but were subsequently discarded. This accounts for the presence in the bibliography of various items whose impact upon the text is not readily evident. For instance, a wander into Foucauldian territory demonstrated the applicability of its approach to a number of texts relating to unmarried mothers and their counselling, and this was considered for a chapter. It seemed more difficult, however, to apply this to the interview material gathered, and it became clear that to do the job properly would constitute a thesis in itself and a different one from that already under painful construction!

Interviews, initially tape-recorded, were transformed by the researcher into verbatim transcripts, which were initially read and coded through broad categories. As the central focus became more evident, selected items received a more detailed coding. These early coding exercises helped shape the areas covered in the chapters of this work and the themes which comprise each of them. This process, however, was subject to continual adjustment and refinement as chosen material was examined closely and intensively. Connections and relationships between and among recorded phenomena may be observed at any stage of analysis, and there has been repeated reference back to original transcripts until very near the end of report writing, resulting in continual modification in the organisation and grouping of material. Analysis did not begin, however, at the transcript stage, since the researcher, during the interview itself, observes the unanticipated, develops hunches, suspects a new connection and so on, and these can be put to the test through further probing of the interviewee, diverging from the original interview design. Analysis, therefore, can be seen to occur at all stages of the research process.

Claims to sociological knowledge must be based in part upon a consideration of the nature of the sample from which data is drawn, as well as the nature of the data itself. We should remember that the sample finally obtained was a small one and an 'opportunistic' one, defined by Burgess as:

"...[where] the researcher selects the individuals with whom it is possible to cooperate. In these terms replication is impossible as the researcher selects individuals who are available and who are willing to cooperate with the research." (1984:55)

The small-scale, qualitative nature of the data required a method of analysis respectful of this. A number of observers have noted the uses and problems of such sampling. Mead has noted that such a sample is not suited for addressing quantitative issues, but qualitative questions (Mead, cited by Honigmann, 1982): what occurs, the implications of its occurrence, its relation to other features and so on. The question remains of the representativeness of the organisations and individuals selected. Jenkins faced a similar problem in his examination of racial discrimination in industrial recruitment practices (1987). He believed that both the degree of internal consistency among respondents and the broad agreement of his findings with an existing body of knowledge suggested that his sample was not unrepresentative. Several contributors to Moyser and Wagstaffe's collection (1987) of accounts presenting methodological issues in the researching of elites have pointed to the inevitability of social processes operating within the field which reduce the researcher's control over informant selection (see particularly, the papers by Sinclair and Brady; and Birms). They do not however, suggest that this invalidates their findings. In this work, despite the fact that it does not quite reproduce any previous study, we can see that its findings do 'fit in' broadly with other related areas (for example, concerning the problematic nature of motherhood outside marriage; and in the significance of social definitions for future action). Additionally, whilst, within categories of respondent, opinions and perspectives expressed were not identical in each case, there was consistency regarding what the issues were, and contradiction and incongruity were as likely to be observed within cases as among them.

A number of considerations must be kept in mind when assessing the nature of the data collected. To begin with, we may consider the nature of some of the data here as 'oral history'. The accounts of the natural mother are in story form. This type of story-telling has many advantages: for instance, the informants do not need specialist knowledge, training or access to particular documents (see Graham 1984). They simply require the capability, possessed by most members of society, of constructing an autobiographical narrative (see MacIntyre, 1981). They represent stories told after the event, and many of the resulting implications for the data elicited resemble those of oral history. These accounts have been identified with the 'life-history method' (see Plummer, 1983). While this may cover experiences ranging across an entire life-time, this research has focussed on a particular episode of the woman's biography. As mentioned above, how this episode is defined and its parameters has been very much the outcome of negotiation between researcher and informant (see Scheff, 1968).

Stories about events 'in history' cannot be relied upon to convey definitions and perceptions at the time of the recalled event. Rather, the account embodies a relationship of the individual to the past; it constitutes part of an autobiographical narrative (see also Bruner, 1987), constructed through current meanings and in a particular context - the research interview. The past is necessarily perceived through the spectacles of the present (see Thompson, 1978; Bertaux-Wiame, 1979). The account thus produced is highly specific, therefore, to the peculiarities of the interview and the constellation of experience and meaning which governs the informant's construction of reality.

Certain observers have noted difficulties resulting from this method for reliability and validity (eg Burgess, 1982:133; Thompson, 1978:Ch 4). For example, memory loss is greatest in the first nine months following an event, and recalling is the outcome of individual, social and physiological processes (Thompson, 1978:100). Three of the natural mothers in this study were recounting events which had taken place only a few months prior to interview and they seemed very able to articulate their experiences. Others recalled events between one and five years before, apart from one mother, whose baby had been adopted over twenty years earlier. (For all of the

reasons mentioned above, her account will be analysed with caution.) Here, however, the evidence contained in such accounts shall be viewed as representing a social perception of facts, resulting from historical, experiential and context-related factors and, in this respect, does not differ from other types of data constructed through investigative and research methods.

This approach, which respects 'context' in its broadest definition, does not ignore the purposiveness of accounts. Becker and Geer (1982) address the question of the credibility of informants and suggest that what informants say about a given process or event should not be taken at face value, but that criteria used by the historian in evaluating a personal document should be employed (see also discussion below). Has the informant some reason to conceal the truth? Are there any reasons why s/he should misrepresent her/his own role in a given event? Is the information a result of hearsay or first-hand experience? If the information was 'flawed' in any respect, what does this indicate about the individual or group perception of a given event, behaviour or process? For instance, in this research, social workers, asked to describe circumstances in which they would advise a client against either relinquishing or keeping her baby, responded with both a list of such circumstances and a denial that advice was ever given. Such responses can be interpreted as designed to address two issues: first, the conditions in which a certain decision is thought 'best'; second, the controversial issue of directive counselling (see Halmos, 1965). Furthermore, the status of responses following a direct question and of responses volunteered may be different. (For instance, a mother may deny, when directly questioned, that she decided to relinquish her baby as a result of parental pressure despite having recounted her tale in a way which amply demonstrates the actions of her parents to close off any alternative.)

It is clear from this that requests for described events and procedures were often understood by interviewees also to require justification of them. In a culture which prioritises motherhood as a defining quality of womanhood and which elevates the mother-child bond, yet which also stigmatises motherhood outside marriage, women were being asked to provide

accounts of their decisions concerning relinquishment of their newborn babies or their role in guiding, facilitating and implementing the decisions of others. A more complete analysis of these accounts embraces the unavoidability of the justificatory function, and it is for this reason that various approaches to the analysis of talk have been considered in a previous chapter in some detail.

In order, finally, to assess the adequacy of data analysis, however, we must consider the uses to which it is being put and the sorts of claims being made on the basis of it. Generalisations and firm recommendations for social policy and social work practice are not justified by the data and there is no attempt to make them here. On the other hand, neither is there an attempt to pretend issues concerning social practice and policy do not arise. They do, but inferences are offered tentatively. Rather, given the relative paucity of comparable studies, this work is considered an exploratory piece of research and intends to describe some perspectives and procedures, outlining various connections between events and processes or characteristics. Because of the small scale of the study, interpretations are offered speculatively, but they are made. Moser has commented upon the need for the researcher to offer bold interpretations in order to fulfil a certain aspect of her potential as a researcher (Moser, 1958). Oakley (1974a), whose investigation of housework was based on interviews with 40 housewives, believes the researcher is shirking her duty not to speculate upon how findings may be generalised. Here, the concluding chapter will make some recommendations regarding future research.

We now turn to the third part of this thesis which comprises an analysis of empirical data.

CHAPTER 6: MOTHER TALK: DEFINING MEANINGS AND ALTERNATIVES

Introduction

In this chapter, we examine aspects of the decisions taken by mothers regarding the placement for adoption of their infants. (For a brief synopsis of the adoption careers of mothers interviewed, see Appendix IV.) In particular, we consider the definitions mothers and significant others confer on sets of circumstances and the alternative courses of action envisaged as a response to these. The concepts of identity threat and respectability feature prominently in interpreting the mothers's stories, and these may be related to broader social processes which impinge, particularly those which govern entitlement to material resources. In the following chapter, we shall see how various oppositional themes are evident in professional talk about the adoption decision. However, oppositional themes also appear in the stories told by the mothers themselves. These include: heroism versus realism; motherhood as a source of status versus motherhood as a source of stigma; exercising choice versus enduring constraint; keeping as a threat to family respectability, versus adoption as a threat to family respectability and so on. These, along with others, will be seen to recur through the accounts presented below. We should first, however, make some qualifying remarks about the notion of 'decision'.

Most previous studies of unmarried motherhood and baby placement have not explicitly examined the difficulties inherent within the concept of 'decision' itself (see, for example, Triseliotis and Hall, 1976; Yelloly, 1965, makes but a passing comment). Material gathered in this work suggests that the deployment of the concepts of decision and decision-making in the original research design, overlooked their complexity.

Macintyre provides an exception to the rule. Macintyre contrasts the two models put forward by Lindblom (1964), the 'rational comprehensive' and the 'successive limited comparisons' and considers the latter to be more appropriate for analysing the decision-making of the women in her sample. In particular, the women in her study did not make any clear distinction

between short-term or long-term goals, and the means most efficacious for their realisation (1977:91). She also suggests that where pregnancy is defined as non-problematic, no 'decision' is taken. She associates this with a definition of pregnancy as 'normal' and the 'normal' course of events proceeds: that is, pregnancy until its fruition, followed by the welcome of the baby into the family.

Here, we expect to take this acknowledgement of the problematic nature of the decision and decision-making further. Different case studies suggest that decision-making may occupy one of a number of structural relationships to other features of the situation. At its simplest, we must distinguish between those who make and carry out their decision and those who are thwarted by others (or circumstances) in the implementation of their decisions. Beyond this, we must distinguish those who make any decision at all from those who make none. Women engage in different relationships to a 'decision' or 'decision-making'. Some mothers never make a decision because significant others have taken the decision for them: the locus of decision-making varies (as a function of power). For example, a desire for the child remains a desire; it never develops into a decision to keep. The power to make the decision rests not with the mother but with significant others. Moreover a decision may apparently never be 'made' at all, since what occurs instead is the negotiation of a definition by those empowered to do so which precludes the construction of alternatives (Lee, 1969), thereby eliminating choice. There is no decision to be 'made' since the definition itself embodies a plan of action (and not necessarily 'keeping as if normal'). The 'decision' is an integral part of the definition, part of its logic; it is the 'dilemma' (understood to constitute a balance of gains and losses, or difficulty in assessing the nature of gains and losses, or difficulty in assessing the likelihood of gains and losses being obtained), which is negated. We need also to acknowledge the difference between those who exercise genuine choice (ie real alternatives exist) and those who, whilst perhaps using the language of decision-making, in fact encounter no real choice at all.

Some of the observations made upon the primary data collected here have been reinforced by an examination of the stories of natural mothers

compiled elsewhere (for example, Inglis, 1984; Shawyer, 1979, Norcap newsletters). What was striking about many of these stories was the absence of any articulated 'reasons' for the adoption 'decision'. The baby had been adopted since the situation had been defined (by parents, usually) as 'impossible' (see, for example, the accounts of Carol and Jackie in Inglis, 1984). The surrendering of the baby appeared not as a result of a maternal 'decision', but rather as a function of parental definition. (There is a 'decision' to accept the parental definition, but again this may not be perceived as a choice.)

We should not regard explanations invoking parental power as unproblematic. It may well be that parental power was decisive. Alternatively, some mothers may consider relinquishment incompatible with an identity as respectable, caring and 'normal' and may consider it justifiable only in terms of external constraint (see Breakwell, 1986 for a discussion of 'reconstruction' as a tactic for coping with a threat to one's identity through redefining one's reason for being in a particular (threatening) position, (as a mother who has given her baby away). We should also bear in mind the retrospective nature of such accounts. In the present study, decisions had been taken prior to interview and were presented as part of a (more or less) completed 'story' or biographical interlude. As mentioned earlier, this method is liable to eliminate many aspects of the decision-making process as it is tied to (changing and competing) definitions of the situation. The historical perspective tends to 'collapse' events and processes.

'Putative' fathers and definitions of the situation

We have already mentioned the significance of the individual's relationships in constructing definitions (Chapter 3). Before going on to examine in greater detail the role of parents, it is worth saying here that the significance of the putative fathers for pregnancy outcome lay, in most, but not all cases (two exceptions) in eliminating those courses of action or methods of problem-solving which required their long-term cooperation. One woman was engaged in a stable relationship with her lover and they discussed matters relating to the placement decision together.

Another mother's relationship with her boyfriend failed during the pregnancy but resumed after the child was born. In other cases, the lovers were either ineffectual or damaging to the mother's respectability.

Margaret felt forced into adoption precisely because the promises of her lover failed to materialise:

"The father was a married man, but left his wife after planning and ensuring my pregnancy...The father and I tried to set up home in several places but lack of accommodation, unemployment and a revengeful wife put paid to all our attempts. He went back to his wife for a while and I went to a mother and baby home for the last stages of the pregnancy. Like a bad penny he turned up again and got a job in a nearby city and I began seeing him regularly. My baby was born and he still had nowhere for us to go and so I contacted a adoption officer (whom I had spoken to once before - just in case things didn't work out) and she arranged foster care."

Fathers did have implications for strategies designed to cope with threats to the mother's identity. Several mothers suffered public denunciation by lovers wishing to disassociate themselves from responsibility for the child. The most common means employed consisted of announcing publicly that the mother was a 'slag' (or the equivalent), that one of several men could be the baby's father. This seemed to deflect attention onto the mother who became 'culpable', and to dissuade her from making any further claims on him, thereby absolving the lover from responsibility. For instance, the self-extrication of Fiona's lover was achieved through events of dramatic proportions:

"Ted told his wife who started to ring me and even visited me at my flat. She told me they were taking me to court for slander and they had a friend who would state that he had slept with me. I had slept with about 5 different men etc etc. She told me if I were found guilty, I'd be classed as having a mental illness, unfit mother, and my child would be taken from me."

Parental definitions and the mother's autonomy

When asked to describe how a decision about adoption was made, most women focussed initially neither upon their feelings for the baby, nor upon the availability of work or housing (for instance), but upon the reactions and definitions of significant others (most crucially, the parents). This is not to say that feelings and material factors had no role to play, merely that this role was to a large extent circumscribed by (usually) parental definitions. Neither is this to say that the influence of parental definitions was identical in each case, and it is clear that these women enjoyed differing degrees of 'autonomy' from their parents. The degree of dependence operated on two levels: material and emotional (or moral), and these tended to correspond (i.e. the more emotionally entangled with her parents, the more materially dependent the woman tended to be - or vice versa).

Two interesting and contrasting cases, to illustrate this point, are those of Liz and Carmel. Both of these women had, by the time of interview, had two babies, and each had decided to keep the first and surrender the second. However, Liz's 'decisions' depended almost entirely on the cooperation of her parents, whilst Carmel's decisions were made, in the first case, in the face of parental opposition; and, with the second baby, completely independently (by denying the pregnancy until shortly before the baby's birth and by carrying out 'secret' adoption negotiations). Material dependence was not in these cases indicated by place of residence (though it was so in others). For example, after the birth of her first baby, Liz moved into her own house, and out of the family home. However, this was only two doors away from her parents' house and the boundaries of these two households were very fluid: money, the child, labour passed constantly across, the tangible net gain accruing to Liz. The extent to which Liz referred back to her parents is evident throughout her account. Here are some examples. Firstly, Liz relies on her parents for help with the child:

"She's very hyperactive. She's a handful. I'm lucky. I don't think I could look after her on me own. I just go along to me Mam's and leave her there."

The following extract shows this and also the extent to which the two households operated as one economic unit:

"Me Dad came into the hospital the next morning and said: You can't keep him and you can't expect us to look after him and her - we both can't cope. Me Dad had finished work by then so he was only on Invalidity pension. I mean my wage would be £36 a week - me dole, and then his Invalidity' and me Mam's pay. The £36, that's just for me and [daughter]. I gave her £5 a week - that's so she can cook meals on a night - we just eat during the day one meal. And out of that £36, I had electricity and me clothes to get. So they said: Think on it. To be realistic, and that I couldn't look after him because I have just that amount of money to look after all three of us. Because me Mam and Dad said they couldn't help. They find it difficult to give us money to look after [daughter]. They'd find it more difficult to give us money to look after him."

Carmel, on the other hand, made a decision to keep her first baby in spite of her mother's insistence upon adoption, and threat of eviction otherwise:

"Me Mam wanted me out of the house as soon as I had the baby. She always said to us: If any of you lot fall pregnant, you're out. She didn't agree with me keeping the baby at all. She kept on saying: Oh, you should have it adopted. She was mad at me."

Carmel did keep her baby and was eventually allocated a council house, after several months spent in a Mother and Baby home. She emphasised her economic independence of her parents:

"I never actually asked for any money actually. They brought me up to be independent and realise money was not there to be wasted and things like that."

Clearly, then, whilst Carmel was able to act with a degree of autonomy from her parents and in the face of expressed opposition and material

difficulty, Liz could not. Moreover, in the accounts given, it is easier to identify Carmel's own definition of the situation than Liz's. Women in this study do hold definitions different from those of their parents, but in some accounts these definitions are difficult to disentangle, and the existence of difference is indicated more by inconsistency and criticism of parents (definitions, like households, could be fairly fluid). In this way, 'talk' really can point to a shifting and dynamic interlocking of relationships where the boundary between self and other appears permeable.

Although Liz and Carmel have been presented here as opposites to some extent, it should be noted that most interviewees were more dependent upon their parents than independent of them and all the interviewees were at the time of their (first) pregnancy living with their parents. Moreover, Carmel's relative independence should not imply that parental definitions were not important; they were. She simply had the resources, personal and material (courage, knowledgeability, available alternative housing, social security enabling her to give up her job to care for the (first) child and capacity for good financial management) to resist those parental definitions. In order to keep these at bay, during the second pregnancy, she disclosed her pregnancy and plans for adoption with few outside the family and none in the family, save one sister.

The availability of material resources provided through a range of social institutions (eg D(H)SS, Social Services Departments, NHS, Housing Departments etc) was, therefore, an important factor. However, such resources as there might be could not be mobilised if relationships with significant others did not permit (where a mother did not have the power to impose her own definition, the availability of material resources might be an irrelevance). Thus, the management of these 'objective' material features of her environment is, to a considerable degree, the management of significant others. Relationships with these significant figures are crucial, since the latter are not only the providers and distributors of resources, but also the providers of definitions which permit or refuse further significant actions. The search for 'outside' resources (such as housing and childcare) to keep the baby, for example, can be made unavoidable or irrelevant, or it can be obstructed or encouraged by the

responses and definitions of the parents. Parents put forward definitions of the situation both before and after birth; in order to influence or force a future decision; or to alter or support a decision already taken (and possibly acted upon).

It might be worth noting here that adoption workers claimed to encounter parental pressures both to relinquish and to keep. Pressures to surrender was sometimes associated with 'middle class' families who perceived their respectability to be at stake (in this study (see below), the parents of Gail and the father's parents in Liz's story could be seen to correspond to this category). Pressure to keep was associated with a (typically 'working class') 'tribal' or 'clannish' sense of identity which demanded that "we're not letting one of ours go", or with some notion of the irreplaceability of the natural mother to the child. This can be seen as alternative 'social representations' of motherhood. For example, one social worker remarked:

"There is a strong element of working class families who would never dream of parting from their children. They say that nobody but a natural mother could be a good mother. The sense of family is very strong there. It's anathema to let 'one of ours' go out of the family."

Parents could influence the definition of the situation indirectly through creating an atmosphere of acceptance or rejection. Jenny explained:

"They were dead upset. Me Mam was sort of going on how was she gonna cope?"

Gail admitted she felt so guilty about letting her parents down that she felt compelled to accept whatever they thought best, in order not to be the cause of further hurt. The atmosphere of hurt or guilt generated might be used intentionally or unwittingly as a form of emotional blackmail. Another powerful atmosphere was one of fear. Sam felt uncertain that she could have reached a decision against her father's will:

"'Cause me Dad's the type of person and if he says: No, he gets in a really bad temper and you just can't stick with him."

More directly, parents could define the material or objective options open to a woman, where they had full or partial control over these options. Again, this could be done either to influence the decision made as to pregnancy outcome, or simply to clarify constraints and consequences. Some parents, made it clear immediately what they expected. Kay, in her late thirties, had always lived with her parents. She had, however, within the previous two years, become physically dependent upon them following a car accident which left her with multiple leg injuries. She had spent eight weeks in hospital, several months in plaster and continued to attend physiotherapy sessions twice a week some eighteen months after the accident had taken place. She summarised her helplessness:

"If I'd found out earlier, I would never have had [the twins] because of me leg. Well, I couldn't do nothing for them. At the time I couldn't, I was on crutches. I had to rely on people even to make a cup of tea. I was in plaster. I couldn't sit on a chair."

In view of her dependency, it was clear that the response of her parents to the pregnancy (her first) would be critical in defining possible options. But her parents had their own problems. They were both approaching seventy years of age; had themselves been involved in a recent car accident which left her mother with a broken nose, her father with a broken shoulder blade and impacted shoulder. Furthermore, her mother had subsequently suffered a stroke:

"And they said straight away: Well, we can't look after them. Which they couldn't: I mean, they've enough with me. They were upset because they couldn't help because of me leg. If it hadn't been for me leg, they'd have been, I think, overjoyed. Me Dad said: If we'd been ten years younger, he said, we'd have had them."

The meaning conferred on the pregnancy, then, depended upon the unique combination of circumstances and relationships surrounding it and upon the

particular problems it posed for solution. Parents were able not merely to promise, refuse, continue or withdraw material assistance, they were able also to affirm or reject a woman's personal identity in response to the change in her social position (see Goffman, 1963; Breakwell, 1986). Liz's parents threatened to cut off contact with her and their three year old grand-daughter if she decided to keep her second baby:

" I felt it was [blackmail] at the time; if I kept him they wouldn't see me. Well, I suppose I felt it doesn't bother me. But they said they wouldn't see her and she's getting used to them around all the time - and then if they're suddenly not there...It wouldn't be fair on him or her.,"

Many of the women in the study, of course, developed ways of dealing with parental pressure and other threats they faced.

Pregnancy strategies and identity threats

We can, broadly, distinguish, by objective, three types of strategy deployed by these women. Firstly, some devised strategies designed to protect their respectability or mitigate the stigmatising effects of their situation (for instance, the late discovery or concealment of pregnancy; adoption in order to remove the evidence of stigma). Other strategies were designed to maximise the chances of the woman's own desired outcome to the pregnancy being realised (the late discovery of pregnancy to prevent abortion or minimise parental control; approaching an adoption agency to 'buy time' from a pressurising parent). Finally, some strategies were deployed in order to cope with the effects of decisions taken (refusing photographs to 'manage emotion').

Most of the pregnancies of women here were 'discovered' late, usually past the stage where abortion is possible. This could be interpreted as an example of 'denial', where the existence of the threat is not acknowledged and described by Breakwell as a temporary 'holding' strategy (1986:80). It may be that in some cases, a woman failed to have her half-hearted suspicions confirmed in order to by-pass a situation where her

circumstances could be forcefully defined by significant others as warranting abortion (see Macintyre, 1977, for an alternative explanation). Although Breakwell emphasises the possible dangers of this strategy which may obstruct effective orientation to reality, she adds that it may be a precursor to another more effective strategy. Certainly, we could see that this intra-psychic strategy can have a decisive influence on future definitions of the situation by eliminating abortion as an option. In other words, it can feature as part of a process of constructing alternatives. Social workers certainly thought this was possible. Social workers, deploying a vocabulary of the unconscious, recognised such strategies as means of coping with an unwanted situation, evading a decision or pre-empting anticipated parental definitions which could force an unwanted decision. For instance:

"Frequently when they go full term, it's that she hasn't told anybody because she's not going to be aborted. And she's frightened that pressure would be on her to have an abortion if she was to expose the pregnancy. Sometimes a woman can't consciously acknowledge she's pregnant until she gets past the five months stage."

Some women adopted the strategy of secrecy in order to protect themselves from possible pressure placed upon them by others. There were three cases (Gail, Liz and Carmel) where women knew about, but concealed their pregnancies from their parents and others. Gail, 17 years old at the time, disclosed the fact of her pregnancy when she could no longer physically conceal it effectively from her parents, with whom she lived (when she was over 7 months pregnant). This can be seen as an example of what Goffman (1963) and Breakwell (1986) have referred to as 'passing': 'illegitimate social mobility' where one gains exit from a threatening position through deceit (see also Ball, 1970).

"I knew but didn't tell anybody. I sort of pushed it to the back of my mind. I pushed it to the back of my mind so much that I just thought I was getting fatter."

This suggests that the distinction between the unconsciously 'undiscovered' pregnancy and the consciously concealed pregnancy may not always be easy to make. It also represents a comparatively rare example of allusions to the unconscious used by a mother to account for actions which might be construed as irresponsible delaying tactics. Gail had been very frightened of upsetting her parents. These moved rapidly to take command of the situation. The local vicar was contacted for an adoption agency referral, and for several social worker visits, the parents participated in the discussions (until, in fact, the social worker herself insisted she should see her client alone).

"I'd had me mind made up for me by my Dad, even before [the adoption worker] came. I'd let me parents down. I thought I had to try to please them."

Gail accepts her parents' definition: she complies with their plans, a strategy which may be used after others have failed, though not necessarily as a last resort. We see it in this work also in the cases of Liz, whose concealment inevitably failed (below) and Jenny (below also). Gail also remarked upon her abandonment by friends resulting from her stigmatised new identity:

"Well you find out who your friends really are. Because I used to have lots of friends, but as soon as they found out, they just disowned me because I wasn't married. It was really funny - and hurtful. It makes you feel as if you've got some sort of disease or something. My really close friends, they stuck by me. But the others, when they found out, they disowned me. It was horrible."

Here, we can see this woman's repression of the knowledge of her pregnancy and its concealment as a strategy to preserve a little longer her respectability, and to postpone the moment she dreaded: when her parents would announce the inevitable - that the child must go. In the hospital, Gail gave her son a week of full care: feeding, changing, bathing, cuddling. Then she left the hospital and the baby. It is possible that this mother was able to care for her baby to the extent that she did

precisely because there was no danger of her strengthened feelings for the baby overturning the adoption decision. The decision, in a sense, was not 'hers', and she could not change it.

A similar case is that of Liz. She concealed her pregnancy from everybody until she went into labour. At this point, she went to her parents to ensure her daughter was cared for and gave birth at 2 a.m. on her parents' bathroom floor. She explained the reason for the concealment thus:

"With having had [the first child], I could do nothing right. So I thought I can't expect them to go through it all again. So I just kept it to myself."

Liz went to extraordinary lengths to conceal the pregnancy from parents and neighbours:

"The ante-natal care is the family doctor and he's very, very pally with my parents. And I couldn't go to talk to him because he's friendly with me dad. And I felt if I go there, he'll say something. I could have gone to [hospital]. But I worked there and there are people around here who work there. But then I thought: Well, if I have him at home, what am I gonna do?"

Moreover, it was a nurse resorting to this nine month concealment and foregoing of ante-natal care. This suggests that some strategies for coping with identity threats may themselves come to constitute identity threats, here a threat to continuity. Her parents, placed a tremendous amount of pressure on her to relinquish the child, threatening to break off all contact with her and the children if she did not. This woman was taken to hospital after delivery for stitches and gave complete care to her baby for several days until a midwife suggested that separation was best in cases of adoption. Again, this may indicate that emotion management is not so crucial where the placement decision does not depend upon the wishes and desires of the mother, but upon some other factor - in these cases, implacable parents. Additionally, we can see this intensive care for the child representing an attempt to alter the definition of the

situation: the establishment of a visible attachment with the baby might make more defensible an argument to keep it.

We can see in secrecy, therefore, an attempt to retain control over the process of the pregnancy and the transition either to motherhood or to the relinquishment of motherhood in adoption. Successful concealment prevented others' definitions coming into play in the construction of a course of action. It could constitute a method of securing the conditions necessary to do as one wished: to continue with the pregnancy, to assume motherhood or to renounce it. In the cases of Carmel and Liz, both pregnant with their second child, it fulfilled the dual role of empowering them through freedom from interference (even if this were only provisional and ultimately unsuccessful in the cases of Liz and Gail) and of protecting them from a certain 'spoiling' of their identities (see Goffman, 1963).

Both of these women believed that a second illegitimate child was qualitatively more stigmatising than a first. Others have suggested that this is due to the difficulty of maintaining a definition of oneself as a 'nice girl who made a mistake' in these circumstances (see Rains, 1971; Macintyre, 1977).

Thus, she excluded others, partly by isolating herself - not going out 'on the town' for several months, thereby minimising the impact of the identity threat; and partly through telling no-one in the family but a sister, in order to manage the stigma arising from both a second illegitimate pregnancy and her decision to give up the child.

Julia had decided that she had lost one baby through adoption and that she was not going to lose another. Moreover, her decision was sanctioned by the adoption worker who provided her with a moral and practical stand to make before her parents:

"She knew without me saying, because she said to me: I don't really think you want to give your baby up. I can tell just by talking to you that you don't want to...I'll go round and see what we can work out 'cause, She said, It's no good you giving the baby up if you

don't want to. She said: You might resent your Mam and Dad and say it's all their fault. So she saw me mam and said: Couldn't you try to fit the baby in? The baby doesn't take much space, 'specially when they're young."

The social worker considers in this case that 'pleasing others' would constitute the 'wrong grounds' for relinquishing a child. Explicit is the concern for her client's future mental health: that she may harbour resentment against her parents. The social worker is used tactically by Julia to advocate the plausibility of keeping to her parents. She lends moral and practical support to Julia's wish to keep the child. She does this by offering solutions to practical problems, notably arranging fostering on a longer-term basis than would normally be considered acceptable.

A comparable strategy was used by Sam, namely building up alliances against actual or potential opposition. Sam decided to keep her baby, despite the doubts of her father. She tactically approached an adoption agency in order to pacify her father, rather than in pursuit of a serious intention to place the baby. After several counselling sessions and once she had ascertained that the social worker, her mother and sister would support her decision to keep the baby, she told her father.

It seemed most appropriate here then to analyse the 'talk' of women in interview to see how these accounts provided explanations for for actions taken. Generally, here, in the language of the women's accounts, goals and means were not separated, though the accounts of professionals concerning the decisions of their clients / patients sometimes did posit reasons as goals. Constraints rather than ambitions hemmed decisions, both in their making and their implementation. Social work and nursing accounts embodied both constraints and goals.

Competing definitions

Liz's account of her first pregnancy provides an opportunity to see how different participants may define the same situation very differently. A

display of public reasoning, drawing upon a corpus of social knowledge made up of rules, conventions and interpretive maxims, is to be found in Liz's parents' response to her first pregnancy:

"His Mam and Dad said: We'll take the girl to London and have the baby adopted. Me Mam said: she's not the first and she won't be the last. It'll be brought up by us. [The baby] will get brought up to the best that we can bring her up. We can't give her everything, but we'll give her all we can."

This appears to be an example of social workers' observations of working class families who do not let 'one of theirs go'. Here, Liz's mother provides a defence of her daughter's extra-marital pregnancy before the baby's paternal grandparents. This followed, according to Liz, allegations by the putative father that:

"I wasn't pregnant and that I was taking tablets to stop us bleeding"

and allegations by his mother and father:

"that it was a big con so I could get me hands on the five-bedroom house and the car."

These parents perceive motherhood as a strategy for upward mobility and appropriation of another's property. The clash between these two sets of parents could be seen to represent a confrontation of class: his parents a headmaster and headmistress, her parents previously occupying semi-skilled jobs and living in Council property. Essentially, his parents oppose a union across class barriers and are not prepared to support its progeny.

The response of her parents is a defence of the dignity of their own class through a vocabulary of tragic heroism. Liz's mother claims that the child will be brought up to the best of their ability: this constitutes part of a moral rhetoric about parenting children - that you give them the best you can. The fact that you acknowledge it isn't 'everything' implies heroism within this rhetoric rather than failure. This draws upon a collective memory of the real and historically recent struggle not only to raise children in poverty, but also to keep the family from a very real threat of destitution (see, for example, Gittins, 1985; Llewellyn-Davies,

1978; Roberts, 1973; French, 1987). This public statement, therefore, represents a social display of devotion to the culturally valued qualities of commitment, self-sacrifice and (self-sufficient) family unity. Both parental accounts demonstrate that illegitimacy taints not only the pregnant woman but her family too. These (grand)mothers have adopted their own strategies for minimising the perceived threat to the family unit.

Additionally, Liz's mother indulges in a mode of public reasoning so well-established, that it has been distilled into a cliché: "she's not the first and won't be the last". This acknowledgement of a broken social rule in fact strengthens her case since she simultaneously dismisses the infringement: rule-breaking is not so serious when it is common-place (see Billig, 1987 and Billig et al, 1988 for a discussion of the persuasiveness of acknowledging, then dismissing the counter-argument). Thus, individual morality must be assessed in terms of its social context. In this case, the reason for being in the threatening position is reinterpreted and 'cause' located externally. It corresponds neatly to Scott and Lyman's description of 'excuses' of the 'fatalistic forces' type:

"Excuses are socially approved vocabularies for mitigating or relieving responsibility when conduct is questioned." (Scott and Lyman, 1968:47)

Jean's mother, almost 20 years earlier, uttered remarkably similar words, as she justified her refusal to send her pregnant teenage daughter to a mother and baby home in Glasgow which compared with a prison, with barred windows and 'inmates' scrubbing marble floors, obeying curfew hours:

"She says: No. My bairns have never been brought up like this. Every family has got one who makes a mistake, and I was the one who made a mistake in my family."

Jean later used this argument against her social worker, a 'horrible woman' who was 'determined' she was going to give up her baby. Deploying the vocabulary of 'mistakes' represents an appeal to a common community,

since we all 'make mistakes', and also serves to minimise the threat to Jean's identity.

"She said I was only 16 and had no life in front of me. Who was gonna marry someone with an illegitimate kid. I said to her, I said: It's none of your business if it's an illegitimate kid or what. Have you never made mistakes in your life? I said. No doubt you've regretted every mistake that you've made. I says I'm regretting the mistake that I've made but I don't want to part from the mistake that I've made."

Coping and the poverty of motherhood

In contrast to the view outlined above of motherhood as a strategy for upward mobility and access to resources through attachment to a man, an alternative experience of motherhood is as a route to poverty. In fact, this became a central feature in the resolution of Liz's second pregnancy. This was certainly Carmel's fear, again with her second pregnancy.

"And with [son], I decided that the best thing to do was adoption. I can't cope with two, not like on Supplementary Benefit. I can't get a job until she's a bit older and at nursery school. And I thought: No. I'd give the baby to someone who can cope, rather than try to cope and make a mess of it. I thought well, she's getting all the attention she can but I don't think...I wouldn't have loved the new baby as much with her being around."

This could be seen as a counter argument to Liz's mother's (above): Liz's mother appeals to the heroic; Carmel, to the realistic. Carmel starts off by discussing the financial implications of another baby, implying that it extends the period in poverty. For this mother (as well as many other single women), motherhood, given the low level of benefits, the absence of convenient and affordable childcare and the nature of much paid labour, constitutes a voyage into poverty. Jean's case provides a twist on this. Her own mother had raised three children alone since a divorce some years earlier. Jean, the eldest became pregnant at 16, in the late 1950s. Jean's

motherhood represented an extension of poverty and struggle for, most significantly, her mother:

"She thought, for my sake, with me being only 16, and with her being a single parent family at the time. She couldn't cope with another baby, a young baby in the house. I've held it against her ever since."

Ironically, Jean considered motherhood would have meant very little difference to her, given her previous domestic duties:

"I didn't really have free years, anyway.. I was left to look after my younger brother and sister. I was already tied to the home. So, I mean it didn't make any difference to me. I was in babysitting every night anyway."

It is by no means clear that an improvement in Carmel's material circumstances would have altered her evaluation of the situation, since her account moves on to a discussion about her feelings for the baby: she doubts the adequacy of her emotional resources; she doubts that she could love the baby. The directness and brutality of her final comment (doubting maternal love, preference for one child), infringing as it does beliefs about what we 'know' typical mothers (Wearing, 1984:ch4) feel for their babies, suggests a willingness or preparedness to provoke, to run the risk of being perceived as a 'bad' mother. Curiously, we find other parallels with Liz's case, again with her second baby.

"I think if I had him home I don't think I could, well, I couldn't give him the love with her - I couldn't look after the both of them. And being on me own, you see these non-accidental injuries to kids. You don't think you could do that, but being on your own, you don't really know."

Both mothers construct scenarios of failure in order to persuade their audience of the correctness of their decisions to place their babies. One speaks of making a mess, the other of 'non-accidental injuries'. It

appears that the prospect of failure constitutes for them both an identity threat: a threat to self esteem particularly. Wearing comments upon the importance of maternal self-restraint within what she terms the ideology of motherhood. Loss of self restraint beyond a critical point results in the woman's declared failure as a mother (1984:53-56). We should also note that both these mothers doubt their capacity to love their children, particularly the second children, adequately. It is as though their maternal love would be spread too thin.

The most repeated concept contained in Carmel's account is that of 'coping'. Coping appears to be managing financially, but may also be loving a child and accepting the consequences of mothering it. Relinquishing a second baby is a strategy for coping with the first. Not coping is "making a mess of it". Other people can cope. This concept of coping is central. It appears in many accounts, both here and in previous compilations of the stories of natural mothers. Its centrality concerns its implications for the notion of 'decision'. We have already mentioned that Macintyre pointed out the absence of clear distinctions between means and ends within the accounts she obtained from single pregnant women. The references to coping suggest not so much that women made decisions in order to achieve some end or ambition, but rather because the constraints within which they operated made survival possible only through a given course of action. Women did not consider, for example that their goal was to become childless and that this could therefore be achieved through either abortion or adoption. Rather, women considered what they could cope with, endure (abortion might be thus preferable to motherhood, but motherhood was likely to be preferable to the anguish of parting from the newborn infant). Thus, where women did choose, they 'chose', between or among difficulties, the least unbearable agony. This entails rehearsing a fantasy future, and 'projecting' carried out in the future perfect tense (see Macintyre's discussion of Dewey and Schutz, 1977:98). This can also be seen to be operating in, for example, Inglis, 1984, and is reported by Darling (1984). Later in the interview with Carmel, these themes are developed:

"I don't think I would have had the time. They wouldn't have been equal, the same. I would have loved him - I probably still do love him, but I don't think.....It's hard work bringing up a baby, very hard work. Nobody can say: Oh, it's easy bringing up a baby. It isn't. If I'd had her and a young baby, I would have pulled my hair out or something. It would be - it was hard being pregnant, never mind having him here."

Here, she returns to the issue of feelings about the baby. Clearly, there is a contradiction: she "would have loved" the baby, "but....." she refers again to loving the first child more. There is considerable ambiguity here: she would have loved, she probably still does, but... Carmel implies she would love her first child more than the second, she would prefer her. (For a fuller discussion of this ambiguity of feelings, see Chapter 9 below.) This contravenes traditional beliefs about the special nature of the maternal bond which elevates it above such profanities as preferences (see, for instance, Badinter's (1981) historical discussion of this).

Carmel then takes up a new line of reasoning, this time less controversial, more socially acceptable than doubts about her capacity to love the child. She takes up a conception of motherhood as labour: it is hard work to bring up a child. This can be seen as part of the same public discourse referred to above, in which raising children appears as a hard grind, a struggle against the odds, requiring self-sacrifice and dedication. It is also, however, presenting a 'realistic' picture of what motherhood in her circumstances entails.

Motherhood as Labour; Adopters the Labourers

In response to the doubts expressed by others and now affecting her about her capacity to 'go through with it', Carmel adopted the strategy of talking it out with her sister. She repeated many of her points, adding that had she a husband, she might not need to 'give up'. At a later stage of the interview, however, the emphasis shifted:

"I wasn't so much bothered about the money 'cause I knew I could cope with that. I'm always good at working out how much I need for this, that and the other. And then I just thought that I couldn't cope, like, emotionally, I think. And physically, keeping the baby tidy and clean and bathed and stuff like that. I'd have to bath her one time and then the baby another time. Like changing her nappy one time and then change his, the baby's. And then things like feeding. I don't know if I could have coped really. I said to my sister: I don't think I can."

Immediately, the difficulty stressed before of financial management is dismissed on the basis of what she already knows about herself: that she is a good financial manager. This does not alter the suggestion that a longer period on a low income represented a daunting prospect. Instead, the focus shifts (passing over the emotional aspect) to the physical labour of mothering (and time as a valuable resource), which emerges as a major deterrent to keeping the child. She went on to reiterate the significance of a husband, this time as a sharer in labour. The nature of the laborious tasks of motherhood have been noted (eg Wearing, 1984:ch4; see also Oakley, 1974a & 1974b). The tasks are repetitious, tedious and physically exhausting. What Carmel is suggesting is that with her second baby, the hard monotonous work will not be compensated for by sufficient intrinsic reward and satisfaction. Wearing suggests that such rewards are emotional in nature, that for hard physical work mothers do not expect material reward but emotional satisfaction, and Carmel has already dismissed this possibility.

Sam maintained a defence of her decision throughout the interview by making reference to what could be described as 'qualifications for motherhood'. For instance:

"Well, I thought I'd cope, you know, 'cause I babysat plenty of times for me sister and her little girl."

This implies again a concept of motherhood as a job which requires a collection of skills which can be learnt, practiced and refined (see also

Jean's comment above). Her qualifications were all the greater since her niece was a bad-tempered little girl. She uses this as proof of her acquired skill. She also refers to the 'good experience' she acquired during her YTS course which involved working with babies in a nursery.

Furthermore, this was how Carmel saw adoption:

"I think it's easy to give up. It's the easy way out with somebody else there to bring up the baby for you. Giving the baby away, you know that the baby is growing up and getting looked after. So, it's sort of easy on your mind to know that you don't have to do that. That job is already being done for you."

This underlines a conception of motherhood as a job of work which, if rejected by one, can be assigned by another. We could view the focus of these accounts upon work, finance and the physical labour of mothering as the construction of a defence of adoption in terms of profanities, in the realm of the profane. Adoption is an 'occupation'. This mother describes adoption as 'the easy way out'. This is a deliberately provocative statement in the face of widespread beliefs amongst ordinary members of society that the loss of a child to a mother represents, as a rule, a major tragedy and source of acute grief (eg Peppers and Knapp, 1980; Lindemann 1944; though, see Macintyre, 1976a, for the meanings of loss to mothers differentiated by marital status). The use of provocative statements may have served the purpose of helping this mother cope with her feelings.

Liz's suggests an alternative representation of adoption:

"Adoptive parents could provide a loving home and all the things I couldn't give him. I mean I couldn't match...he wouldn't have the best things, all the nice things, new clothes."

Here adoption is seen as a means of meeting the child's emotional and material needs. Decisions to keep a child could be justified by reference

to a 'special' maternal bond, the sacred. Carmel explains her feelings about her first child:

"I made my mind up when I saw her on the scan. And I thought: That's my baby, that's part of me. She's part of me, she's my first baby and I loved her. Even if the situation had been completely different, even if - like me Mam and Dad were quite well off and I had them behind me and I had my job - but even if it had been different, I thought: Well, she's my baby and I would keep her."

Clearly, the anxiety about prolonged poverty described above did not feature in the case of the first baby. Like Carmel, Sam expressed her attachment to the baby thus:

"'Cause it's my baby, I said: It's a part of me and I want to keep him."

Attacks on identity and public reasoning

We have already mentioned certain implications for a woman's identity as she resolves the placement dilemma. In this section, we shall consider attacks launched by significant others upon mothers' identities. We shall also consider mothers' conception of their own identity or 'self' in connection with the adoption decision.

Accounts of the 'best thing to do' reveal recourse to particular 'modes of reasoning' and 'vocabularies of motive' (see Harre, 1981; Mills, 1940) and deployment of what Billig terms argumentative or dilemmatic thought. Sam's father was so keen to have the baby disposed of in some manner that he made private enquiries about abortion even though she was already six months pregnant. Consideration for her health and life making abortion unfeasible, he turned to adoption:

"Every time I said: Well, I don't know whether to give him away, my Dad said: Oh, don't be stupid, 'cause you've got your life ahead of you. He kept on saying: Oh you'll be leaving it on your Mother's

knee all the time...you're just thinking of yourself, you know. You're not thinking about the baby and in terms, you know, of a father and a mother."

This father made appeal to different types of interest and criteria, suggesting a preference for adoption not based on any single principled conviction. He appealed to his daughter's self interest (your own life), but at the same time to her alleged inability to sacrifice self (you're just thinking of yourself), and to the interests of the baby. What is interesting here is not simply the range of criteria employed, or even his construction of maternalism (a good mother does not think of herself, does not leave the baby to its grandmother, does take responsibility herself, does endeavour to provide the baby with two parents), but his deployment of various public rhetorics. He uses as resources various social and public modes of reasoning. This is seen particularly in the use of the well-established, stock phrases (on your mother's knee etc). His reasoning can be seen to reflect opposing themes within the ideology of individualism: all individuals have the right to self-fulfilment in their own lives; the self-fulfilment of the child depends upon the deference and self-sacrifice of the mother. He also deploys arguments asserting the prerequisite of a 'normal family' environment (two parents) for childrearing. He is making use of different public reasonings about motherhood and good mothering, and he is combining them to bring to bear a strong moral attack on his daughter's wish to keep her baby. This moral attack represents a challenge to her definition of herself as a rational person and potential good mother.

His daughter provided a different analysis of her father's approach and intentions:

"Well, I don't really think he was keen on getting rid of him. I think he was sort of thinking, well, am I gonna look after him and things like that. And when he realised that I did really wanna keep him, you know, and that I was really gonna stick to it, he was alright about it."

Clearly, Sam saw her father as setting up a series of tests to gauge her commitment (and she saw this as reasonable). Although these only just overlap with her father's, she also employs modes of reasoning about motherhood and maternalism. These concern responsibility, commitment, desire and staying power.

A contrasting case is that of Jenny. Jenny was the only woman interviewed whose serious attempt to have the baby adopted was thwarted by significant others. She experienced a great deal of uncertainty during the pregnancy about what she should decide. An abortion had been refused. She went into labour still confused, but expecting to place the child for adoption:

"I felt that it'll be alright. I'd like to get him adopted. But once I had him in hospital, it put me back to all the confusion again. I didn't know what to do."

This renewed confusion stemmed in part from a decision after giving birth to breastfeed the baby: "I don't know why: It just felt automatic" followed by a growing sense of revulsion and ultimate emotional rejection of the baby, resulting in fostering:

"I felt guilty about not loving him. Then, I thought there's no use keeping him if you can't look after him."

What became crucial, however, was the response of others to this. Jenny believed the other mothers were discussing her critically: she felt a bit of a 'freak'. She also found her social worker sarcastic and unsympathetic. What most undermined Jenny's resolve to relinquish, however, was not the critical comments of other mothers or sarcasm of the social worker, but pressure from her mother and boyfriend, particularly the former. Just when Jenny was feeling particularly 'freakish' and different from other mothers who (apparently) felt love for their babies, individuals around her were challenging her identity as a good mother. After Jenny returned home to her parents, the baby was fostered. At this point, however, her mother began to exercise strong pressure to force her to change her mind and reclaim the child. This pressure consisted of

ignoring and excluding her for long periods of time, punctuated only by accusations alleging a lack of maternalism. Jenny's mother believed that loving mothers do not give their babies away:

"She was upset. She said: I don't know how you could do this to your own child if you loved it."

For this grandmother, adoption and maternal love were incompatible. At the same time Jenny's boyfriend, who had faded from the scene during the last two months of the pregnancy, reappeared, saying he wanted his son and proposing to recommence the relationship. This undermined further the moral defensibility of Jenny's wishes (recalling the perceived appropriateness of motherhood within a potentially stable relationship). Her brother and sister were marginally more neutral:

"They didn't call me names and that, but they started wondering how I could do it and that; but they weren't dead against me."

Jenny resorted to reversing her previous decision and reclaiming the baby in order to secure a definition of herself as a normal mother ('normal' mothers are 'loving' mothers).

Fiona's accounts of her reasons for adoption bear an interesting relationship to each other. Consider the following:

"My friends were all quite good about my reasons for adoption - I talked myself into believing it was for the best, but it wasn't me talking. It is not me, to have a child adopted, I don't know why I did it."

We see here her sense of her own unreality: as if she had been elsewhere, or had been acting without full cognisance of her actions. This, more than any other account in this sample, resembles a much repeated theme in the stories collected by Inglis in 1984 of women who had relinquished their babies some years previously and in circumstances characterised almost uniformly by strong social pressure and a lack of choice. This is the

sense of powerlessness and disbelief combined. Fiona cannot believe what she has done; at the same time she doubts 'she' did it. Her self appears split or multiple. In some way she is not responsible. This reflects in detail a broader characteristic of her account: its emphasis on powerlessness and victimhood. She, someone like her, would never give up a child for adoption. Contrast this, however, with the following:

"I hope to convince [my child] that I did love him, and still do, that I did it to give him a better life, stability and a father, all the things I could not offer at this time."

Surprisingly, this, too, is Fiona's account. Here, we find a number of regular stock phrases: give a better life, stability and so on. These two accounts present, at one time, both excuse and justification in the terms of Scott and Lyman (1968). In the latter, Fiona justifies her decision on various established grounds, by now recognised within this work as a well-worn vocabulary of motives. In the former, she excuses 'her' decision on the grounds that it somehow was not hers. She was not responsible. Forces beyond her control were in operation. There are a number of ways of interpreting this. Breakwell refers to 'transient depersonalisation' which has been used by Rosenberg to refer to momentary experience of estrangement from self (1986:86) It is associated with threats to continuity and violation of self-expectations. This certainly fits, but in Fiona's case, however, it seems more than momentary. Turner's analysis of 'real selves' and 'unreal selves' distinguishes one's self-conception which is fairly stable from self-images which are transient and context-specific. The individual may attribute behaviour to external constraints, thereby rejecting its relevance for her identity (Turner, 1976; Turner and Schutte, 1981). Breakwell notes that the judgement that behaviour cannot be attributed to the real self often occurs some time after the event (1986:87).

Julia, quite separately, addresses this point. She considers that no mother really wishes to relinquish her child. Her philosophical meanderings on the question of the placement decision suggest an opposition between a mother's natural instinct for her child and external

factors which force her to act against her own wishes. Moreover, Julia does not accept appearances as evidence to the contrary:

"I don't think deep down anybody could [want to] who hasn't really... I mean many people put on a front, pretend that they do, when really they don't. They couldn't. It's there in everybody I think - an instinct, with your own baby... There's always some situation that does push you into things, that does force you to do things you don't want to."

Not all reasoning presented in interview featured critically in the decision about the baby although it may have been presented as such. There were a number of discrepancies where women had provided explanations for their decisions, but went on to present other deliberations. It is suggested here (and is to some extent a matter of interpretation) that these were not decisive, but were, rather, displays of reasoning for the purposes of the interviewer or some other audience. A woman can present herself as reasonable, thoughtful, realistic. These can be seen in Mills' terms as 'ancillary' motives which have the rhetorical function of establishing a broader range of 'allies' (ie the approval of a wider audience) (Mills, 1940). Despite the control of Liz's parents over her decision (p5-6,12 above), Liz was still able to provide alternative reasoning for alternative audiences, and she comprehended the importance of doing so:

"Everyone used to say: You can't, you can't not have him. Someone said: You'll have to think of him and her. It wasn't my feelings or me Mam and me Dad's feelings. What it boiled down to was [the baby]. He'd be the one in the middle. He'd be getting looked after here off his Mum and nothing from anybody else. They'd both be disturbed, very disturbed kiddies. And the more I thought about it, it's not what I want or what me Mam and Dad want. It was her and the baby I had to put first."

Old lives, new lives

Some of the mothers in this study articulated clearly the loss their pregnancies and motherhood or its renouncement had incurred. This loss represented nothing less than the rewriting of their lives: their deprivation of possible lives and the replacement of these by other possible lives - and possible selves. Markus and Nurius (1984) have used the notion of 'possible selves' to refer to ideas people have of what they might become, would like to become or fear becoming. Here, we can use it to refer to what individuals can become as their relationship to their world changes and as they take on new social roles (eg single mother, housewife, dump estate tenant, benefit dependant etc). Fiona summarised the loss her untimely and inopportune pregnancy had brought her:

"I feel angry when I look at the past and I think of myself now and how it was 18 months ago. I was at the peak of my career. I seem to have lost everything. I have lost so many homes, career, money, even my son. I cannot even buy little luxuries any more - £16 doesn't go too far. I have lost respect for myself, for life in general. I have even lost friends."

In addition to this wreckage, the looming prospect of a cone biopsy threatened to destroy her hope for children in the future. She contrasts this bitterly with the impact 'fatherhood' had had upon her former lover:

"Then I think of Ted who lost nothing, was totally unaffected by it all, and is still working at management level, probably harassing the next female who comes along."

This indeed sums up her sense of irony and bitterness. A pregnancy outside marriage and decried by the father alters the identity of the mother in a way which challenges her respectability, and may lead to other tangible changes in her relationship to her environment and social networks which further undermine her. We have already mentioned other fathers who could also extricate themselves from the situation by casting doubts upon the sexual morality (and thereby credibility) of the mother. Once a father has thus disentangled himself, his 'fatherhood' may leave no visible mark on

him. The mother, however, is saddled with either motherhood for ever (and the stigma this confers), or the loss of her child forever. One respect in which these women experience constraints on their possible lives concerns the new mother's changed relationship to the material world. Single motherhood in our society confers a certain command over material resources: this marks one of the changes in the woman's relationship to the state, since these are resources made available from the public sector. However, it is a mark of the nature of this sector, that she simultaneously loses control over her choice of resources. Further, she may be condemned for the access she does have, seen in debates about single women allegedly using motherhood as a deliberate means of access to housing. The following quotation highlights a number of issues:

"The lady from the social services said: If you want your baby, you'll take anywhere. But my Mum said: That's not the point. What if it's something that she can't cope with? It's awful living somewhere if it's rough and untidy and unclean. She said: How can you bring up a baby in somewhere like that? And once you've been put somewhere you've no chance of getting moved somewhere else. You're just stuck there. And what I've got to think about is the future. You've got to think about school and things like that."

Here, we see Julia and her mother negotiating with an official from the Social Services over housing, a major problem in Julia's case. This demonstrates the entitlement of the single mother to housing, but her simultaneous loss of any right to determine the nature and quality of such housing. On the contrary, much of the housing made available to desperate single parents is of a notoriously poor quality (see, for example, Lambert, Paris and Blackaby, 1978). Additionally, its availability is something the mother is expected to feel grateful for. Furthermore, this is tied by both the new mother and the official to considerations of 'good mothering'. The official believes the mother who loves her child will take anything; Julia, however, considers that the demands of good mothering require thoughtfulness, planning and selectivity. Another mother pointed out another aspect of this social displacement:

"I'd really like to do something, maybe nursing. But I think when you've got a child, you've got to put the child first, haven't you really? I've got to work my life round him now.. I think you should be there for the first year. I don't know how people can go out and leave them all day."

This represents an acknowledgement of this woman's changed relationship to the labour market resulting from motherhood (see Martin and Roberts, 1984:chs9&10). Carmel renounced the mothering of her second child with such considerations in mind.

Many women experience downward mobility after having a baby, in their search for work which enables them to combine earning with parenting (Martin and Roberts, 1984:ch10; Sharpe, 1984:51). Liz's account of her trajectory from employment as a full-time trained nurse to the dole queue is once again so entangled with her parents' definitions that it becomes difficult to separate out her own:

" I told them at the hospital that I needed to work part-time, but there was no part-time work going so I got out. She was getting a handful for me Mam and Dad. Me Mam was working part-time and me Dad couldn't cope. Well, he could but he was getting very tired. And late at night, 10 o'clock, I was coming in from work after being out from 11 on the morning. So he [the second baby's father] said to go and work for him part-time and me Mam and Dad refused. They wouldn't look after her so I was going to put her in a nursery. But he said to take her to the shop. He wouldn't pay for me to work and for her to go to a nursery. I was supposed to be getting £40 a week off him which was a helluva drop in my weekly income - and then he wasn't paying us: I wasn't getting paid for the work. So, me Mam and Dad said: You're not going back, you're not going to take her with you to work there. And he said he couldn't have any more hassle, that me Mam and Dad were already enquiring after her and he didn't want us to work there any more. Just go on the dole. And I went on the dole."

Another woman realised her 'possible lives' also embodied altered possible relationships. The stigma of single motherhood and its sheer practical difficulties had changed her relationship to the institution of marriage, arguably the most effective route open to women for material security:

"With me being a single parent...I know there are lots of them but it's hard for me to say I'm a single parent. People are going to react...I think it's always hard to tell someone you've got a baby. He might say: I don't want to know. You see, I don't know if I am ever going to get married. If you've got a child, you tend to think: I don't think anyone will take on someone else's child. But then again, my sister knows somebody and she's married...."

Her own position on the single/double parenthood debate was ambivalent:

"'Cause I think people still think you've got to be married to bring up children. And though I think children do need two parents, I think a woman can bring up children without a man being there."

We have seen in this chapter how women, in relationship with their families, come to define their pregnancies as 'problematic' in some way and to attempt resolution of the 'problem' through a range of strategies. Broadly, these women faced difficulties of two kinds: first, practical constraints and, second, reputational considerations. The meaning of these was negotiated with significant others. Different constructions of motherhood and, consequently, adoption are deployed in the deliberation of the dilemma faced. Rather than the passive victims of the decisions of and actions initiated by others, the mothers appear as thoughtful, insightful individuals endeavouring to gauge their scope for manoeuvre and to use it. Admittedly, the extent of initiative, not to mention the degree of its success, varied from case to case with, perhaps, Gail appearing as the least able to mount opposition to her parents' wishes. Among the methods used to secure their objectives, mothers argued their own definitions of the situation against those put forward by others and they presented these in an interview account which itself constituted an active construction asserting the defensibility of their perspective and wishes.

CHAPTER 7: PROFESSIONALS AND THE 'RIGHT' DECISION

Introduction

In this chapter, we consider professional perspectives on the adoption decision. We examine circumstances in which motherhood is considered by professionals to be desirable or undesirable. We look at professional beliefs about and expectations of what 'typical' mothers feel and we find some implicit notions of 'good' and 'bad' mothers. Additionally, two groups of mothers can be identified whose decisions regarding their children encounter considerable scepticism from social workers: the 'deprived' and the 'emotionally weak'.

We begin, however, by paying particular attention to the way in which the placement decision is talked about. In 'decision talk', social workers use a variety of terms which articulate a number of oppositional themes: self-determination versus the interests of others; non-directive counselling versus belief that the professional judgement is correct. These terms include the 'right decision'; the 'right decision for her'; the 'best decision'; an 'informed decision'; the 'true' decision; and her 'own decision'. They constitute part of different rhetorics, for example: 'own' decision is constitutive of a rhetoric of individualism; the 'true' decision occurs in the context of an agency-structure debate; 'right decision for her' takes its place in the discourse of self-determination; 'informed decision' plays its part in the counter talk of the professional role of guidance, counselling, 'helping to be realistic' and so on.

In the following quotation, we see a recurrent theme within this decision talk, namely the conflict versus potential harmonisation of the interests of mother and child. The 'right' decision is able simultaneously to further the interests of mother and child. Two social workers defined their role as:

"...to reach the right decision for both baby and mother. These rarely conflict."

"...to help her deal with a difficult situation in the best possible way for all."

The 'best' decision often appears in statements which propose a balancing or compromising of different parties' interests. This forms part of a broader ideological debate articulating the ideological dilemmas of individual over community interests, the rights of self-interest versus the rights of others for protection. Others stressed the role of professional guidance:

"...to make sure she has an opportunity to make an informed decision."

Often, however, several rhetorics appeared alongside each other: contrary theme and counter theme played together. Note in the following quotations the juxtaposition of the themes of guidance and informing (and therefore realism), self-determination, multiple interests:

"...to help her decide for herself the best course of action for the child's future as well as her own."

"...to enable her to consider and reflect upon the options available to her and help her to make what is for her the best long-term decision for the child."

These statements could be seen as everyday talk maintaining the 'fiction of non-directiveness' (see Halmos, 1965). Additionally, references to 'long-term' may suggest a potential conflict between short-term wishes and long-term wisdom. Self-determination did not imply that the woman choose as she wish. Rather her responsibilities to her child were emphasised (for a discussion of interpretations of 'self-determination' in social work, see McDermott, 1981).

These themes will be seen to recur throughout this chapter. We shall examine how social workers impute motives for the placement decision and what they consider to be indicators for keeping or surrendering. We shall

also examine their views concerning the sorts of constraints which shape these decisions. Before examining these matters in greater detail, a point should be made about the way in which a distinction is rarely made below, between the accounts of hospital and adoption social workers. There are several reasons for this. First, as has been mentioned, the extent of the involvement of hospital worker in counselling the mother concerning adoption varies a great deal. Where the hospital worker defines for herself a more encompassing involvement, there may be a blurring of the boundary between the roles of the two workers. Second, there was some degree of overlap in personnel. For instance, one hospital worker moved to an adoption agency during the course of the research. Third, this is an aspect of the broader issue of social relations existing among social workers in different institutions in a given geographical area. Adoption and hospital workers tended to know each other and in many cases had, over time, established formal and informal ways of working together. We should also take into account the shared nature of much of the initial training undertaken by would-be social workers, regardless of later specialisms or career choices. This contributes to some commonality of perspective. Fourth, although the hospital social worker's task tended to be briefer, broader and more superficial (without pejorative connotation), the focus upon providing information, evaluating alternatives, identifying obstacles and decision-making was shared. This led to a considerable degree of similarity in the accounts of hospital and adoption social workers. For these reasons, it has not been thought important to distinguish them in many cases.

Determinants of the 'right' decision

When social workers were asked about the sorts of factors they believed important for the mother to consider when deciding about placing her child for adoption, they tended to provide three types of response: firstly, guiding principles (for instance, prognosis if together); second, environmental and interpersonal circumstances (such as relationship with family, housing and financial circumstances); and third, qualities of the mother (for example, readiness for parenthood).

Responses focussed upon the woman's (presumed) significant relationships and their potential for providing a network or system of support; material circumstances (particularly housing and money); family history; the woman's maturity and readiness for motherhood, including her sense of 'identity' as a (single) parent and her personal ambitions; capacity to cope with adoption; security and stability; and a vision of the long-term. They also believed it should be her own and an informed decision and that some thought it important that some 'cause' for the extra-marital pregnancy be established. This concern with 'cause' emerged in relation to some cases, but was by no means universal. It is part of a rhetoric, particularly evident in post-war America which, as we saw in Chapter 2, virtually equated illegitimate pregnancy with mental sickness (see Young, 1954, 1966; Deutsche, 1947, cited in Halmos, 1965:51. For discussions of the thesis, see Wootton, 1959; Wimperis, 1960). Support is envisaged to be required from the family of origin and potential partner in the new family (baby's father). Support from friends or others is not mentioned. Clearly, decisions regarding motherhood are anchored to strictly familial considerations. Professional talk can also be seen to reflect (though not unambivalently) individualism within our culture: the value of her 'own' decision versus the value of an 'informed' decision. One adoption worker described the implications of an adoption decision for the mother:

"Well, I obviously try and get them to think about - if they do decide to place their babies for adoption - to realise what they are missing; that it's something that is going to be with them all their lives; and I don't think one can possibly give one's baby up without there being some element of guilt and wondering whether they are doing the 'right thing'. Fate might take its course and they might find they can't have any more children, another child - it can happen; how it will influence their relationships in the future if they do get married and whether they will reveal to their future partner in life, or anybody - how much they will try and keep it a secret."

This focusses upon the costs of renouncing motherhood. Giving up motherhood means missing a lot (although what is missed is not specified).

We see long-term considerations predominating: irreplaceability of the child, future identity in terms of discredibility, narrative construction of autobiography and self-knowledge. Motherhood, with or without the child, is a long term business. We could perhaps usefully deploy some transformation of the concept of 'psychological mothering' - adapted from Goldstein et al's (1980) notion, thus making it mother-centred rather than child-centred. The mother remains emotionally and psychologically the child's mother. Renouncing the practicalities of social mothering does not mean the elimination of the child from one's life. Guilt appears as an emotion always associated with 'giving up' the child, invoking the notion of adoption as abandonment (rather than adoption as thoughtful planning and self-sacrifice).

The fact of motherhood impinges upon the rest of one's life. The 'right thing' appears connected with consequences: in terms of possible secondary infertility. Renouncing motherhood now is understood as postponing motherhood, not giving it up forever. The themes of secrecy and avowal are also raised. It suggests that a relinquishing mother remains a mother in terms of discredibility: stigma persists though it may be (perhaps temporarily) hidden. The stigma or risk of stigma may reside in the fact of a sexual relationship, in the fact of illegitimate pregnancy or in the choosing to give up a baby. The mother remains a mother through the construction of her autobiography: needing, on every occasion of autobiographical account-giving to decide whether and how this episode is to be incorporated (see Bruner, 1987; MacIntyre, 1981; Haines and Timms, 1985).

These provide us with indications of the sorts of factors which social workers believe ought to be crucial in determining whether a woman embraces or renounces social motherhood. It should be noted, however, that these do not tell us how these everyday common sense categories are 'read' or 'seen' during the course of professional practice, in the everyday world of the professional's work. One way (accepting the method's implications) to see how these categories are translated by professionals in particular circumstances is through participant observation (for example, to attend social worker-client meetings where such definitions

are liable to be negotiated) (Scheff, 1968; Hammersley and Atkinson, 1983). Alternatively, one could 'match' interviewees (interviewing particular mothers and their social workers about them). A final, less successful method is to study the case studies recounted by social workers in interview. We shall examine some of these later.

Where the 'Right' Decision is to Keep

In this section, we shall examine evidence concerning the circumstances in which social workers believe keeping the child to be the 'right decision'. We could note here that social workers spent more time discussing cases of 'problematic' or 'bad' mothers rather than 'good' mothers, where keeping was seen as the 'wrong' decision.

Most significant, however, as a counter-indicator of adoption, are familial considerations. Social workers queried adoption where a mother had 'lost' a previous baby or babies (through adoption, abortion or miscarriage). Here, they could make reference to 'unresolved issues', deploying a psychoanalytic vocabulary or the concept of 'unconscious needs'. There is considerable emphasis placed by social workers on the presence of other children and the existence of a fairly stable relationship with the baby's father as indicators of the appropriateness of keeping. This suggests some sort of family ideology. Where the woman remains with the putative father, the renunciation of motherhood could be seen as the negation of the 'typical' and desirable two-parent family. This (admittedly consolidated into a legal marriage) is the socially desired setting for motherhood (see Macintyre's 1976b and 1977 studies which demonstrate this point, although now the pressure for legal marriage is less. See also current political debates within the Tory party, emphasising the need to accept the reality of the diversity of family form and formation and the counter theme of promoting the desirability of the two-parent nuclear unit, Anderson and Dawson, 1986). Where other children are present, the surrendering of a new baby results in the splitting up of siblings, the breaking up of an existing family unit.

Ironically, of course, previous studies as well as evidence from both social workers and the natural mothers interviewed here, confirm that the existence of previous children increases the likelihood that a new baby will be placed for adoption (Yelloly, 1965). In this study, two of the natural mothers interviewed placed second children because of their inability to cope with more than one child. Social workers also referred to this:

"Some of the people I've got, for example, have got other children. And they have a child adopted because they know that if they don't - it's sad really - the likelihood is that they'll lose all their children, or both of them, because they can't really cope with the one they've got."

Here, acceptance of social motherhood in relation to a given child may jeopardise one's existing identity as a social mother. We see, confirming the observation of the previous chapter, that a second or subsequent pregnancy carries a distinct meaning. It does not promise (or threaten) motherhood (with its rewards and difficulties) since this has already been achieved. It may, however, confer a new identity as a 'bad' girl where one might previously have been a 'nice girl who made a mistake' (Rains, 1971).

Where Children are "Better off Adopted"

At this point, we can broaden the discussion to include cases where social workers consider that a child would be 'better off adopted'. Talk here reflected an ambiguity within social work about the role of 'directive' and 'non-directive' counselling. Also, social workers varied in the extent to which they admitted to having preferences at all in the decision to be made by the mother.

Among the types of circumstance warranting advice against keeping are concerned, there is a preponderance of factors which are presumed to entail risk to the baby: mental illness, neglect, previous 'bad' history. Social workers used actual case studies to illustrate points they wanted to make. These case studies provided clues as to how social workers classify the clients they deal with, both in terms of the type of social

work assistance required and the most desirable outcome (from the social worker's point of view) (see Macintyre's discussion of GPs' 'decision rules', 1977:ch5). These types often carry moral evaluations and can be seen as social worker constructions of moral characters. In the example below, note the social worker's reference to "that attitude" and "those cases". This indicates classification and the assumption that the typology was broadly shared. The example illustrates circumstances in which relinquishing the child would be, from the social worker's point of view, preferable.

"She has that attitude. She left the baby in the hospital, but she reclaimed it about two days later. And I'm afraid it's one of those cases where the baby would have been much better off adopted. She's got another child and the other one had been in care a couple of times. She was about four, I think. And it's just the general attitude to bringing up children. One minute the child is with the grandmother, and the next minute, she'll leave her with her sister. And it's such a disorganised life-style. The house is always full of friends, puffing away on their fags; fellas coming in and out, you know."

We see that a very broad range of behaviour is taken into consideration when evaluating standards of mothering. The social worker links the life-style and child-rearing practices of the mother with a preference on her own part for adoption. The 'bad' mother passes her baby from household to household, fills her home with (presumably unsuitable) friends and exposes her baby not only to cigarette smoke, but also to multiple and unstable relationships with men. The baby is thus affected emotionally (many caretakers), physically (passive smoking) and morally (a bad example set through sexual promiscuity). Additionally, the mother had been indecisive initially. Other social workers described case studies where the mother's determination to preserve her 'freedom' was interpreted as indicating irresponsibility and immaturity and as incompatible with 'good mothering'. Also, it is clear that one pointer to a potential 'bad' mother is previous bad mothering, in this case a history in which the first child had been

taken temporarily into care. The social worker suggested another way in which one could 'see' or identify a potential 'bad' mother:

"I think you can observe the life-style they are leading now; and through talking to them. I suppose some of it's a bit guess-work, but you get impressions."

This features as part of a broader account, frequently drawn upon by the social workers in explaining why 'bad' mothers often keep their babies (see Bowlby, 1953; Rowe, 1966; Yelloly, 1965; Vincent, 1964; Leynes, 1980). One explained:

"They are deprived mothers themselves. You've only got to find out about their background, and it's the "cycle", isn't it? They have had a poor upbringing and they're repeating the pattern. And the ones who are deprived themselves are more likely to blow with the wind and be impulsive and not think things through."

(This language of impulsiveness and lack of direction was used also by some nursing staff.) Thus, women who keep babies who would be "better off adopted" are "deprived and this can be deduced from information about their "background". Deprivation is equated with a poor "upbringing" which in some way causes or predisposes these woman to provide a poor upbringing for their own children in what is termed the "cycle" (see Rutter and Madge's (1976) investigation of this theory about poverty). The following case reduces deprivation to "being mothered like that" and links it with "risk" and "dependency" as a client:

"I think she was quite a deprived girl, and I suppose with being mothered like that, there is always a greater risk. She was the sort of mother who was quite dependent on the social worker. She tended to just drop in."

The link between illegitimacy, the "cycle of deprivation" and a decision to keep the child despite adverse circumstances constitutes one of the central working theories or background expectancies (Cicourel, 1964) found

amongst adoption workers. Another, related, working theory is that babies kept by "bad mothers" are "likely to end up in care" or even placed at some later date for adoption. The following case depicts a woman who demanded that her eight month old baby be taken into care:

"She went on shouting that she wanted this baby out of her life. She was absolutely insistent. We took it away but she was back in two weeks. Mind, she was a very impulsive girl. Her life was a right mess. I think she is a self-centred young lady who wants more freedom. And she's got a very demanding mother. She is very dependent on her mother, you see. She is very dependent on her mother: quite a lot of emotional blackmail goes on, I think. She said that she had never bonded with the baby, that she didn't get any fun out of it. But in the same way, unfortunately - this is purely subjective - I feel that her mother [the grandmother] had an emotional need for [the mother] as a child when Dad walked out. She was two and I think that this [grandmother] had a dependency on her child. And [the mother] missed that. She would have [the child] in bed in the middle of the night. It was purely her need to cuddle somebody."

This represents a more sophisticated version of the theory of cyclical deprivation. Here, the "repeated patterns" consist of emotional dependency and emotional blackmail. The social worker acknowledges her interpretation of the "facts" to be "purely subjective" (see Paley's 1987 review of studies examining the relationship of theory and practice in social work, and the existence of different interpretive repertoires within social worker accounts). Bad mothers love their children for the wrong reasons, and irrespective of the needs of the child. Another social worker offered the following explanation as to why "risky" mothers kept their children:

"Very often they keep their babies because it's something to love and something to give them love and really there is no way until that girl has proved that she really is going to neglect that child or ill-treated that child, that any pressure can be put on. It's such a very real thing to them and they need that child."

The implication is that the mother keeps the child more for her own needs than the child's and that this is not a "good reason" for keeping the child.

Adoption Counselling and Social Control

It is clear that a woman who approaches an adoption agency for counselling regarding the future of her baby will find her potential qualities as a mother subject to closer scrutiny than most (as will applicants who wish to adopt). In the majority of cases, the likely quality of mothering will not be decisive in further social work intervention, should she decide to keep her child. This does not, however, alter the fact that adoption workers do have an 'authoritarian' function. (For a discussion of this aspect of social work, see Day, 1981. See also Clark and Asquith, 1985:ch2. It is not proposed here to evaluate critiques of authoritarianism, but to note how conflict and ambiguity may be seen in social worker talk.)

We have mentioned the social worker's conflict of objectives. In practice, it appears that this conflict between the welfare of the child (associated with 'community welfare', through concepts such as delinquency and deprivation) and what can be termed client self-determination, becomes crucial only where the nature of the parenting offered (defined broadly to include material provision) by the mother is judged to fall below a certain threshold of adequacy (and this is liable to be negotiated from case to case).

There was considerable ambivalence within social worker talk as to the role of the worker in relation to her client. This could be seen to comprise various oppositional themes: the interests of the mother versus the interests of the child; the helping versus the control function of the adoption worker; freedom of the mother to choose versus the right of the child to protection; the 'right' decision versus the 'right decision for her' and the identity of the adoption worker's 'primary client'. For example:

"I had mixed up who in adoption the primary client actually is. I think early on in the process obviously the woman must be our prime client and make a decision that is right for her and once the child has been born and she makes the decision to place for adoption, then I think their roles become mixed up because then you have to think about facilitating that in a way that is a) healthy for the baby and also b) healthy for the mother."

The ambivalence can be seen to reflect the liberal dilemma of modern western society: how far do you go in the incursion of the freedoms of the individual in order to maintain the freedoms of the collectivity? Consider the following:

"If the woman makes a decision about the child, then it's the right decision for her. That's why we exist: to enable them to make that decision. And we have to live with that decision the way the women do. The underlying reason, the rationale of the relationship is one of actual counselling to help this woman take the right decision specifically about placing the child for adoption. It's not about whether the conditions are good enough for her or her child, or whether she's bright enough or whatever."

Compare it with this:

"I think we can't actually pretend that the adoption service isn't part of the same spectrum or continuum as the overall childcare services. We can't say we're not prepared to get our hands dirty."

These two quotations were made by the same person. Despite the social worker's claims, the relationship between the social worker and mother is about conditions, intelligence and so on: in other words about the quality of parenting. The controlling aspect of the relationship may not be made explicit because the mother presents herself as potentially capable of adequate mothering. She displays sufficient qualifications for the job.

The 'right decision' and the 'right decision for her'

Most social workers denied that the decision to act upon reservations or the clear giving of information about possible professional intervention, infringed upon the principles of self-determination. Some referred to the notion of the 'right decision for her' as distinct from the 'right decision'. The concept of the 'right decision for her' seemed to be used where social workers wished to affirm "their desire to be instrumental in bringing about change by doing a service," (Halmos, 1965:92) whilst simultaneously wishing to avoid the charge of forcing a decision. Contradiction such as this can be understood in view of Halmos' observation that presence and concern, let alone facilitation are irreconcilable with non-directiveness (1965:90-105). One social worker defined the 'right decision for her' as virtually any decision made at a particular moment:

"When you make a decision, it's the right decision for you at the time. It has to be, doesn't it? I mean that's how you feel. And then later on, you've got to say to yourself: Well, that's the right decision at the right time."

This virtually precludes the possibility of any decision being a 'wrong' one. Another was more specific:

"I don't know how you measure it, apart from the fact that she has made a particular decision and one is confident that she is actually doing that. And if knowledge of all the available options; that we've painted the picture thoroughly enough so that she understands what the implications are for her and her child's future; and what other range of options were available to her and that she had decided against them."

Another put it thus:

"We give no advice, but help her to consider alternatives and what they entail. Even where we know Social Services will take a Place of Safety Order, we help the mother choose what she prefers."

This contrasts sharply with the practice of the past where, evidence suggests, some social workers virtually bludgeoned mothers into surrendering their children on the basis of their single status alone (see, for example, Shawyer, 1979; Kenny, 1986:ch4). This does point to a real change which has taken place over the past twenty years. Despite the apparent contradictions contained within the quotation above, there is a logic to this approach. Adoption work with the single mother who may relinquish has altered. The adoption worker no longer focuses her energies upon the securing of the mother's consent for adoption, but now devotes the larger part of her time to the counselling of the mother: information-giving, discussion of feelings, examination of alternatives, consideration of longer-term consequences and so on. Much of this work is based upon professional commitment to the self-determination of the client, with efforts made not only to provide material and practical support but also, and crucially, care for her mental health in the short and long term (drawing most notably on a psychoanalytic discourse on bereavement). This is seen in the increasing involvement by adoption workers of mothers in the planning process (see chapters 8 and 9 below). The quotation here presupposes that the mother's needs can be served by allowing her some control over the course of events. The final outcome for the child may not be altered by the latitude given to the mother (the child may in any event find itself in care, even adopted), but the final outcome for the mother is affected since she has exercised some direction over the course of events and has been able to experience the consequences of her own decisions and actions rather than those of others.

Professionals' views of why women decide upon adoption

Professionals described why, in their view, their clients made the decisions they did. We can see such descriptions as imputed motives. Such talk tells us how to make sense of such decisions, the sort of social knowledge deployed to make sense of the placement decision and the types of motives which are acceptable for explaining it. The following quotation suggests a shift towards the greater reflection of a materialist ideology within the explanations of mothers:

"I think when you talk to girls and listen to what they're saying about what adoption can offer their child that they can't, that seems to me to be a very big factor. And it's not always two parents that they're talking about. We set a great deal of standard by possessions now: their own bedroom, their own holidays, good furniture; not having to work on social security to make ends meet, to pay the bills. I'm not talking about the school-girls; but 18 year olds and upwards, who have maybe tried it alone. What they themselves would love to have and be able to give their children. It's amazing how infrequently two parents come into it."

The social worker is clearly suggesting our culture is more materialist than previously. It is not so clear whether she is suggesting that mothers are forced to account for themselves materialistically, or that materialist considerations are more acceptable than they used to be. However, its context within an account of older mothers, with experience of the real difficulties of raising children on low incomes, suggests an association between materialism (usually carrying pejorative connotations) and realism (usually positively evaluated). Additionally, the social worker presumes the observer would expect the presence to the child of two parents to be a more important factor, suggesting perhaps that the notion of the 'good' family has changed from a 'two parent' unit (of ill-defined advantage) to a unit of adequate material provision. This may also imply that concepts of the needs of children have changed.

The material aspect is mentioned by others. For example, whilst the former quotation was couched in the language of choice, the following quotations emphasise the constraints upon mothers:

"I think that a lot of girls, sadly, could be helped by financial differences: materially, many of them wouldn't place."

"There's this new housing estate and people look upon it as Knotts Landing or whatever. I was driving a girl past there the other day to see her baby in fostering and when we got there she just suddenly changed completely. The longing in her to be able to give her

children that...The girl has three children herself - well, she was married with the first one, she has two illegits and there's one going for adoption now. She's a very good mother in emotional terms. She's got very stable children. But they have nothing in terms of this world's goods. Really, it was heart-tearing to see her face and listen to her voice when she talked about those houses."

This quotation describes a 'good' mother: she has emotionally stable children. Moreover, she is a good mother despite multiple 'illegits' although this elsewhere was associated with irresponsibility and bad mothering. Materialism is offset by desire to give to children. Materialism on the one hand, generosity on the other. The quotation also encompasses the themes of inequality and envy. Inequality and poverty are associated with deprivation of one's children. Poverty in these quotations is linked with the loss of children (see Holman, 1978, and Mandell, 1973, for a class analysis of adoption).

Several social workers emphasised the significance of the woman's immediate circumstances for determining the outcome, which could entail quite chance factors:

There are many reasons. With some, a parent dying; or the fact that their parents are elderly; there may be a problem of support; it may be a University student doing a course. And some people know they don't have maternal feelings."

It is possible that, as motherhood outside marriage has become a more practically and morally feasible option and abortion more widespread as a means of avoiding motherhood after conception, chance factors have become more important in indicating adoption. Possible motives include wanting to do something other than mothering: self-improvement through education is compatible with respectability, although again there is an implication of deferral rather than elimination of the prospect of motherhood. Although the issue of the absence of maternal feeling is raised non-judgementally here, this controversial matter caused considerable disquiet amongst social workers, as will be seen in Chapter 9.

The Maternal Right to make "Her Own Decision"

This raises the question of the extent to which mothers were thought able to exercise genuine choice or to operate within constraints which negated effective choice. One of the important concepts used by social workers and nursing staff in relation to the adoption dilemma is that of the woman's "own decision". This embodies beliefs about maternal rights: that the mother has a right to determine the future of her baby (and thereby her own future).

Nursing and midwifery staff are much more likely to stress the right of the mother to make her "own" decision without qualification than are social workers. The latter believed either that a mother did have such a right, but circumstances usually made it impossible or difficult for her to exercise it, or that no decision could ever be free from contextual constraint and that the notion of her "own decision" was misconceived. The two following social workers believed individuals do make decisions:

"There are occasions when people do not want their children. You have to accept that and you have to facilitate adoption. But there are so many pressures on them."

"It is a fundamental choice of the parent to decide whether in fact it's right for her particular circumstances to keep a particular child."

On the other hand, some social workers believed we never make our "own decisions". Here, we see that 'decision talk' reflects the oppositional themes of agency and structure. Where the quotation above stressed the agency, the capacity to act and initiate of the individual, the following is much more determinist, virtually collapses the individual into biography and environment:

"Do we ever make our own decisions? I don't think we do. This is a very personal view. I'm not sure we ever make any decisions ourselves. It's the outcome of our life; our situations decide. And

what you're capable of doing and what you're capable of not doing. And also the fact that you have to go back and live your situation."

Nursing staff, however, were more likely to believe that the woman could make her own decision providing she was protected from contaminating influences and pressures (the implication being that she should be so protected). For instance, a nurse on the special care nursery said:

"If someone has made a decision and is adamant, I don't think anyone has the right to make them change their minds. They know what their life is and what they've got to look forward to. I think it's a harder decision to make - to give it up as to keep the baby."

Nurses believed it feasible and desirable to protect the mother from pressures and influences which would contaminate her decision, make it less her decision. They included their own possible influence here:

"We don't make any criticism or any further encouragement. We've got to sort of try to be neutral, no matter what your feelings are. If you do develop personal feelings, you've got to be neutral."

The following quotation (from a nurse) reflects a tension between the value of the mother making her own decision (individual choice) and the requirement that the child be properly provided for (protecting the interests of others against the will of the individual):

"I don't ask personal details, I'm not interested. As long as they're providing food and warmth for the baby, that's their choice."

Differences in perception between social workers and nursing staff can be understood in terms of their different ranges of experience. Social workers see many cases, whilst nursing staff are likely to encounter comparatively few. Social workers also experience different cases resulting in different outcomes in the long-term (in some cases, they claim, the mother returns to place her child in care (or is compelled to).

This prompts and enables social workers to typify and classify their clients more easily. Lastly, whilst social workers accept the desirability of adoption in certain cases, other populations may be more sceptical. This is certainly the belief of certain adoption workers (as we shall see below).

Comparable rights were not shared by the father of the baby. Social workers varied in the extent to which they believed the putative father should be entitled to play a role in the planning process, but there is a broad consensus that his wishes are subordinate to those of the mother, and generally social workers take their lead from the client regarding contact with the father and the nature of any contact. The legal rights of the putative father in adoption cases consist of an entitlement to have his view taken into account and to apply to the courts for custody (Josling and Levy, 1985:ch6).

It would not be directly relevant here to discuss variations in social worker interpretation of these rights in practice, but the following quotations illustrate the subordinate nature of paternal to maternal rights:

"There again, it's very much a case of their rights in it all. And sometimes, to be honest, if it's just a casual affair, the rights are still there, but it's not a very useful right in a way, because it could really put a lot of onus on a boy who hasn't known the girl very well at all."

The 'onus' of the 'girl' is considered normal and unavoidable.

"People see adoption as being the thing that a mother does with the baby and illegitimacy is still a mother's business. It's society's bias."

Maternal rights (as well as responsibilities) have primacy, at least where a baby is born outside marriage. A special care nurse also pointed to the subsidiary nature of the father's rights and role:

"Often the guys come. It depends on what the mother wants to do. We always ask her, we always find out. We never just let them have a look. It's her right, it's her baby. If she's having it adopted, then it's just more trauma for her."

To conclude this section, therefore, it is possible that social workers are more likely than nursing professionals to grasp firmly the the significance of social factors in framing a mother's decision. This may be accounted for by the broader experience of social workers and their greater involvement with each case, both of which facilitate the process of typification, breaking down to some extent the individuality of each case. We could add here that the location of the professional-patient/client encounters is also likely to shape the perceptions of the former. Adoption workers particularly are almost certain to meet their clients in the latter's home environment; nurses and midwives are almost certain not to. (This point has been made in relation to differing expert perceptions of the social nature of health and illness in the early twentieth century, according to the location of treatment, either in a hospital or in a 'dispensary' (Stacey, 1988:ch7).)

The Social Construction of the Maternal Bond

One of the constraints perceived by social workers upon the choices made by mothers about motherhood was referred to as a 'system': cultural beliefs and practices which presupposed the unproblematic nature of motherhood and contended that mothers and babies belong together. We have already looked at the significance of familial definitions (Chapter 6). Here, we shall focus upon the experiences of women at hospitals. One hospital social worker commented on her own practice:

"Society is geared up to this. I was at first encouraging people to relate to their child in utero, in the womb, so that they already have some bonding."

This suggested that only those making explicit and determined decisions to surrender their babies could 'escape' motherhood:

"I think I can remember at least two instances where a woman kept her baby by default - just because she couldn't make the decision. To give up the baby is a positive decision; to keep the baby is a negative one, with the way the system is set. Let me make it clear what I mean because I am not trying to impose any value judgements. If a girl's in a situation where she's given birth to that child, she has to make a very positive statement to say: I want that child taken away from me. So that's what I mean by it being a negative thing: if she doesn't do anything positive, the child stays with her."

"Most people are geared, aren't they, to families? We find this in every way, that family life is all important. The notion of the ideal family, the ideal couple."

Social workers identified two aspects to the problem. One concerned cases where adoption had already been decided upon, but could be frustrated by hospital staff. The other concerned the tendency, not only in the hospital, but in families and in society generally, to stifle the expression of fears and doubts amongst pregnant women. One social worker believed this assumption of pregnancy as unproblematic should be challenged, by expanding counselling facilities and changing attitudes through education. This would enable women to "work through their doubts" and would enable more expectant mothers to consider adoption as a possibility.

"We have hundreds of single girls in all the time having babies. Unless somebody has counselled them or talked to the staff or anyone who knows that a girl may have doubts, these will probably be squashed by her parents, by her immediate surroundings, the environment, all her support systems. Because they've all said: Look, okay, you got pregnant. Never mind, we'll help you. Don't worry about it. And they rush along and they buy everything and it's all glamorous and it all sounds great. Nobody is going to expect that girl, when she is in the hospital, to have doubts. And neither do the staff and their values are to help them to bond."

Several social workers commented on this: that the professional training and ethos of staff working in the maternity wards contributed to the 'system' (though the accounts of nursing professionals themselves do not suggest this).

"I think there's a lot of social work needed with unmarried and married girls. Married girls we need to do work with, okay; but unmarried girls certainly. They need to be counselled, not necessarily on keeping their child or parting, but talking about their feelings so that they can understand what they feel. Often enough, they don't show what they feel until the child is born. A lot of girls come in who wish they had been counselled for adoption but for whom it has never been an option. They come in and they're too late by then because the wheels have been set in motion the other way."

What is being advocated here, therefore, is a more interventionist and pro-active policy on the part of professionals working with pregnant women. At present, hospital practices vary to some degree, some single mothers are offered social work help where the future of the baby is uncertain, others on the basis of their marital status alone (pregnancy outside marriage is defined as problematic). It is clear, however, that this worker aspires to a more widely used counselling facility. We see an ambivalence regarding the appropriate availability of these facilities to married women. Her argument is that it is the unquestioned nature of the processes of becoming a mother which needs to be challenged. Therefore, the logic of this is that such facilities are equally important for married women - if not more so, since expectation of motherhood is all the greater within marriage. Yet, her acceptance of the needs of married women is more hesitant and grudging. This suggests her own regard for pregnancy and motherhood within marriage as normal and unproblematic.

Adoption workers also acknowledged, however, that even where adoption had been explicitly stated as the intention, there could be problems in the hospital. One social worker offered an institutional explanation: that there may be inadequate communication amongst post-natal staff working on

different shifts so that some midwives may be unaware of a plan for adoption. Some social workers accounted for problems in terms of the "prejudices" and religious convictions of individual members of nursing and midwifery staff (Kenny makes a comparable point, 1986:101). Some referred to the emotional pre-disposition of individual nurses and midwives arising from their own experience (or not) of maternity.

"In lots of ways, people pay lip-service to neutrality and tolerance, but it's such an emotive issue. And it's not unusual to find ward sisters on post-natal wards who are childless themselves. So, there's a built-in attitude to someone giving up their child for adoption, no matter how neutral they may try to be."

Some social workers believed that these factors operated within a particular culture which assigned certain meanings to grief:

"There are all sorts of things people haven't worked out in their own lives, like their own loss which they transfer onto this person and I've had girls who've had pressure put on them. They can't cope with tears: they find it extremely difficult to cope with tears."

"There was a girl who had a concealed pregnancy in one of the hospitals that I've been dealing with. And I went along and they were very upset. They said: This girl doesn't want to part with her baby. It's in special care, but she doesn't, she's been crying all morning. And I say: Yes, she's been crying. How would you feel if you had been suffering a bereavement or death? Oh, no, no. She wants to keep her baby. That girl wants to keep her baby: I've talked to her about it and she does. In a case like that, I sit with the girl and say: What are you feeling today? Oh very sad because it has to go for adoption. I wish I could look after him but I can't cope. In a society like ours, it's very hard to accept grief so they see grief as not a natural thing, although it's a very natural thing. They think grief is something to avoid."

However, there was another explanation offered for social workers' difficulties in enabling mothers to resist these pressures. Several social workers made a connection between the 'system' and their own practice. Several expressed a certain discomfort about their own work. They believed others held them in some distrust. At its starkest, they feared their image in the eyes of others to be that of 'baby-snatchers'. One social worker made this quite explicit:

"I do hate to be seen as someone who's grabbing babies from mothers. And I always feel slightly uncomfortable in hospital: 'Oh, there comes the adoption worker.'"

Other social workers emphasised the caution with which they counselled mothers about their decisions after birth. Just as mothers could be at their most confused, they felt, images of workers "standing at the hospital gates" prevented adoption counsellors from being fully effective. The social workers are articulating a representation of adoption as necessary in the abstract, but rather sad and to be avoided if possible in the concrete. This ambivalence is reflected in a representation of adoption work as necessary but also 'dirty' work. This may stem from earlier social work practices where, evidence suggests, adoption workers did pressure mothers into surrendering (see, for example, Inglis, 1984; and Jean's story in this work). Alternatively, it may be punitive hospital practices separating mother and infant (temporarily or permanently) which are being recalled.

One social worker makes very clear connections among the mother's contradictory feelings, the social meaning of adoption and motherhood and the need for, yet difficulty in delivering, effective counselling. The mother is aware of the social pressure on her to keep her baby and she feels "guilty" because she plans adoption in spite of 'everything she knows' about mothering (the need of babies for their mothers; the specialness (sanctity) of the maternal bond etc). The guilt she feels about abandoning the child renders her particularly vulnerable to the social pressure arising in a setting designed for mother-baby bonding. To sustain her wish for adoption, she searches among her own resources for a

"strong will" and "determination". Just at this point, where the task is so difficult and her decision so consequential, her social worker feels she is crucially handicapped by the very social constructions of motherhood and adoption which threaten the woman's resolve in the first place:

"[If she wavers] I think I probably let her get on with it. I think there's this strong will and determination about adoption that a mother needs because there are a lot of pressures. And she obviously has strong guilt feelings about giving up her baby. I think everybody admits there is a need for adoption in certain cases and so a need for an adoption worker. But I still get this slightly uncomfortable feeling. So I'm not very directive."

Thus, the "system", as presented by these social workers, in which women are perceived as making their placement decisions is believed to consist of broadly held social beliefs about the place of mothers with their babies and the significance of the family; the ethos arising from professional training which emphasises the importance of the mother-baby bond; individual variation amongst staff due to cultural or emotional factors; the cultural suppression of grief, widespread in society; and the partial ineffectiveness of countering this system by social workers.

A Change of Heart: Giving in or a Justifiable Re-evaluation?

Despite the insistence of social workers that either keeping or surrendering could be the 'right' decision in different circumstances, there was a tendency for social workers to associate the reversal of firm or tentative plans for adoption following birth with emotional weakness. For example:

"They need this strong will be able to think ahead and perhaps it's some of the more soft or sentimental mothers who give in."

But what do social workers consider the woman is giving in to? Most adoption workers viewed the confinement period following delivery decisive

in the formulation of plans for the mother's and baby's future. Essentially, social workers believed women were overcome by powerful emotion following birth and that it had two effects. Firstly, there was a dramatic and qualitative shift in the mother's feeling and desire for the baby. Secondly, this 'maternal love and protectiveness' rendered the woman vulnerable to pressures around her (environmental and interpersonal). Here, in this section, we shall look at how social workers describe the decision-making process after delivery. (In Chapter 9, we shall examine both how this emotion is "managed" in order to achieve certain objectives and also social workers conceptions of mothers who appear to lack expected emotion).

The woman's 'emotional state' after delivery is understood by several social workers to make achieving a sound decision through "reason" difficult. This draws on a rationalist morality, enunciated by (among others) Hegel in Philosophy and Right. Here, emotions are considered inferior since they are associated with base instinct and closeness to nature. They are thought subjective and capricious and thus cannot be the basis of morality. Thus love can be no guide to judgement and knowledge. Rationalist ethics presents goodness as the triumph of reason over inclination or feelings. This follows from a view of the nature of moral difficulty constituted of a tension between doing what we want and what we ought (for a fuller discussion, see MacMillan, 1982). The devaluation of emotion and its subordination to superior reason can be found in very early Western thought, eg in Plato's discussion of the division of the Soul into Reason, Will and Desire, in The Republic (Annas, 1981).

"I think this is such a strong, instinctive need, that it's not something that you are at all practical or realistic about."

"If they're in such an emotional state, it is very difficult to be able to reason."

"The wave of emotion has just wiped everything out, completely out of her mind."

The women are seen as particularly unstable:

"The third or the fourth day, emotion does take over and can take any sort of form through from depression to being as high as a kite."

Such emotional instability is considered liable to jeopardise the 'right' resolution to the question of adoption.

This is linked to the idea that the strength of emotional feeling weakens the woman with respect to pressures and influences around her in favour of keeping the child:

"It is such an emotional time for the woman that these pressures can have much more effect than they would do at other times."

"It's the overwhelming feeling at the time. If she feels strongly this attraction and need for the baby and the family are welcoming it as well, it's just going to reinforce her feeling, isn't it? Even though perhaps the family quite genuinely will go whichever way she wants. But if they are going to go along with her feelings, you know, it's going to be much easier for her to give in."

It is clear that the 'real' decision or the 'true' decision is the decision made by the woman uncontaminated by what is claimed by one social worker to be "her instinctive need" for her child. The mother experiencing a powerful emotional bond with her child cannot be trusted to make the 'right' decision.

Several social workers referred to the need in the post-delivery counselling to 'start again' and to the need to try to counterpose reason with emotion:

"Well, you say: You made that decision. Well, they're not the rational conditions in normal terms of rationality, but it's a rational decision that befits the problem that has brought them to

us. And you made it after weeks of thought and weeks of argument and weeks of discussion and deciding that this is why you wanted to do it."

"It needs doing very gently. I think very gently it could be pointed out that perhaps she might be feeling a little emotional at this point in time - that's to understate. But perhaps when she was thinking a little clearer, she had said such and such. Perhaps just gently to point out, just in case she's been overwhelmed by emotion, that she might come back - in a matter of weeks really, it could happen."

Despite social workers' belief (within a rhetoric of client self-determination) in the 'rightness' of the final decision, the decision to place tends to be associated with ideas of emotional strength:

"I think some can be very level-headed and strong-willed. And I think they need a very strong will to get through it."

"I think people who aren't tough and resilient - it's much harder for those people to go through with adoption."

Moreover, in interview, social workers were much more likely to spend some minutes describing in detail the case of a 'strong' client who had stuck to adoption:

"She came to me wanting to place the baby for adoption even though she had a very meaningful relationship with the baby's father and they were planning to set up home together. She was quite a mature, strong-minded sort of girl. The consultant said: What on earth do you think you are doing? And tore a strip off her. And she was strong enough to come back and tell me. She carried her decision through. She was a unique girl - she was a strong and very mature girl. If she had been one of these 15 or 16 year olds, somebody who was weaker...."

Thus, the 'good' mother is the mother who can resist her own maternalism. In this case, the outrage of the consultant is linked to the stability of the relationship of the baby's parents. Motherhood was perceived to be more appropriate in the context of a stable parental relationship, or, alternatively, backing out of motherhood inexcusable when such circumstances prevailed. The social worker's sympathy for the mother's decision contradicts the earlier point that more abstract comments suggest that the stability and likely permanence of the relationship with the baby's father are counter-indicators for adoption. Interestingly, where the categories are applied in the particular case, the social worker remains 'pro-adoption'. However, it would be misleading to suggest that all social workers perceived a post-delivery decision reversal as negative. Some used the concept of the 'true' decision:

"I don't think decisions are ever made before the baby is born. Not truly. I think people can pay lip-service to it. Perhaps on some very rare occasion a girl makes that decision and sees it through, but I think the true decision is made after the birth."

"Sometimes the decision they make afterwards is the true decision. I mean they just know that regardless of all their problems or whatever, they must keep that child."

We see that the social worker dealing with an indecisive client has the problem of identifying the 'true' decision. The following social worker distinguishes amongst mothers who have evidently thought things through and can demonstrate this, from those who have not and she bases her judgement as to whether the 'right' decision has been made upon this. Moreover, what convinces the social worker as to the rightness of the decision is that her client demonstrates the type of reasoning she herself would be using with the client. It may be that the client can 'learn' this through the process of counselling. Here, we can see the experience of social work as a form of socialisation, alerting the client as to which modes of reasoning can enable her to reach a particular decision without jeopardising her respectability or her identity as a 'good' mother.

"Very soon you get the feel of whether the girl is really wanting you to say: I don't know whether you've thought of this, this or this. Because a girl will usually sort of come out with what she thinks you're going to say. And she'll say: I've thought of this and I've thought of this. Now, if she doesn't then it wants thinking about a lot more. She needs a little bit more space, a little bit more time. I would certainly point things out if they haven't brought them out. But I've had girls who've made up their minds so clearly, they'll say: I've thought of this and I've talked about this with me Mam. I'm quite happy about that, and I think that's fine. And really, there's very little more to be said."

One social worker who did believe that a change of heart after delivery could constitute the right decision, saw support from the family as something which enabled a new mother to reassess materially and morally changed circumstances:

"Family attitudes are of paramount importance. It either makes or breaks, usually, the situation with the baby. And just as the girl's attitude changes to keeping the baby, so very much does the grandmother and grandfather of the baby when the baby's there, and that's the crunch time. I mean usually they just melt even if they've been really irate and not given support and have said the baby must go for adoption. It's just as though the whole situation has changed overnight. And then, you see, the girl can justify what she's doing because she's got the support. And then it's almost like - if we're putting the welfare of the child right in the middle of the situation - everything is falling into place."

One social worker who described a woman who kept her baby despite clear parental opposition as "determined". This was a rare case of a social worker associating determination (evaluated positively) with the decision to keep the baby.

"There was one girl whose father was adamant that he wasn't having her back in the home after she'd had the baby and the mother was

dithering around in the middle somewhere. And the girl was determined - she was quite a determined girl - and she was going to keep that baby regardless. And she said to me: I'm just going to take the baby home. So I said: Well, what do you think will happen? So she said: Well, I think he'll just give in. So I said: Well, is it worth trying? She said: Well, that's what I'm going to do. So that's what she did. She turned up on the doorstep and the father just took one look and said: Well, come in. There's probably not many girls around who'd call their parents' bluff, but that was one who did and it paid off."

In brief conclusion, therefore, social work professionals, because of their experience of many cases, are better placed (than other professionals) to generalise and do so. Additionally, generalisation and typification may take the form of working theories which enable them to classify and make sense of particular clients/patients. Social workers associate 'inappropriate' keeping with deprivation and believe this to be reproduced generationally. They also tend to believe some multiple pregnancies result from 'unresolved issues', deploying here as elsewhere various psychoanalytic notions.

The social worker grasp of the social nature of decision-making encompasses a consideration of the constraining nature of the beliefs and assumptions of others: both family and friends, and other professionals are mentioned; and the material implications of motherhood, particularly the meagre resources available to the single mother through the state and the importance of familial support in practical as well as moral terms. Although social workers described economic pressures (among others) to surrender the baby, they were far more likely than mothers to emphasise the pressures to keep, and to some extent they conveyed the impression of a perceptive and deviant minority able to grasp the problematic nature of motherhood most in society could not or would not acknowledge.

Having taken a broad view in this and the previous chapter of maternal and professional perspectives of the placement decision, we now turn to

consider some of the secondary decisions which must be taken when the mother is planning adoption.

CHAPTER 8: THE RELINQUISHING MOTHER: IDENTITY AS A MOTHER
AND CONSTRUCTION OF A MOTHER ROLE

Introduction

Whether or not to surrender her baby for adoption is not the only decision the mother will have to make. There are numerous subsidiary issues to be decided upon, once a decision to place has been reached (even though there may be a later reversal of this decision). These subsidiary decisions are connected with the main adoption decision since they are consequent upon it, constitute part of the process of implementing it and may play some role in the way the woman 'copes' with it. These secondary issues which concern us here are: first, planning for the baby's future; second, contact with the child between birth and the adoptive placement; and third, maintaining links with the child after placement.

These areas can be analysed in a number of ways. They can be viewed as part of a strategy for 'coping', understood as managing successfully to implement the intended decision or desired outcome; as an exercise in the management of the emotion experienced (or expected to be experienced) by women giving up a baby; and as the management of a threat to one's identity constituted by the loss of the child and the 'chosen' nature of this loss. These subsidiary issues can also be conceived of together as constituting what can be regarded as the 'mother role' of the woman who intends the relinquishment of her baby.

Here, we shall examine the potential usefulness of the concept of mother role, with particular reference to two of these areas, namely planning for the child's well-being with adoptive parents and maintaining links with the child after separation and for the future. In the next chapter, we shall focus upon the issue of direct physical contact between mother and baby and how this can be 'managed' for emotional purposes. However, the concepts of 'identity threat', 'mother role' and 'emotion management' are relevant for each of these three areas of decision-making and action, and no attempt is made to separate them completely.

The structure of this chapter is as follows: a brief discussion of the concept of 'transition to motherhood', as it has been approached within various disciplines will be followed by the conceptualisation of the transition to a childless motherhood through the notion of the social role. Various possible components to this role, made available to the relinquishing mother by the social worker, are outlined and some of the most striking characteristics of this mothering role are summarised. Professional debate about the identity of the relinquishing mother is considered as part of the historical context for the construction of the mother-role thus. This chapter, like the previous two, is based upon interview talk and questionnaire data. Whilst much of the discussion here draws from a range of practices discussed in general terms by social workers in interview, later sections will examine the reported views and experiences of the mothers themselves, particularly in connection with considerations of the future, and the nature of secrecy in adoption.

The 'transition' to motherhood

The assumption that social maternity follows giving birth to a baby is almost universal in our culture and there is an array of medical, emotional, institutional and cultural processes and practices which accompany what can be termed the 'transition to motherhood'. Anthropologists have for some time demonstrated the diversity of this transition by collecting comparative data across different cultures (Mead, 1935; Oakley, 1972; Callaway, 1978; Kitzinger, 1978). However, this phenomenon in Western society has received considerable attention recently from psychologists, sociologists and feminists as well as members of the medical profession. These have examined not just the physiological, but also the emotional, interpersonal and institutional characteristics of the transition to motherhood (see, for example, Kitzinger, 1962; Breen, 1975; Oakley, 1979, 1980; Arms, 1975; Rich, 1976; Klaus and Kennell, 1976). Many have noted the 'medicalisation' of childbirth, managed by (male) doctors, taken out of the hands of midwives, and removed from the realm of 'a family event' (eg Oakley, 1984; Arms, 1975). Some studies have focussed on the transition which 'goes wrong', for whatever reason (for example, Lewis, 1979 (loss during pregnancy); Wellburn, 1980 (post-natal

depression); Breen, 1978 (damaging psychological effects of routine methods of childbirth management)).

Thus, the way in which pregnancy, childbirth and early mothering are conceptualised and managed in our society has been documented to some extent, and the competing social expectations of new mothers fairly well established. What is not so clear is the nature of the transition to - what could be called - a childless motherhood. There have been several investigations into the loss of a child through stillbirth or neonatal death, and (rather fewer) through miscarriage (eg Peppers and Knapp, 1980; Oakley, McPherson and Roberts, 1984). Lovell has linked this loss explicitly to the question of identity (1984). However, the loss of a child through adoption is different since there is almost always now some degree of choice, and has received scant attention. Shawyer (1979) and Silverman (1981) focus on the more immediate loss; Miller and Roll, (1985), Deykin et al (1984), Pannor et al (1978) and Rynearson (1982) investigate post-surrender experiences some years after relinquishment. Here, we will view the transition to motherhood in terms of the mother role which the woman planning placement constructs for herself.

'Acting out' motherhood

Women who assume social maternity on the basis of their biological motherhood act out their status through a multitude of routine behaviours and practices. This begins during pregnancy with domestic preparation for the new arrival; planning alterations in existing routines (eg in paid employment); attending medical appointments and so on. After delivery, the mother cares for her child in hospital (usually through negotiation with the staff - see Oakley, 1979; Breen, 1978), learning to feed, caress, bathe etc the child; and departs ritually from the hospital to construct a new daily routine, based upon repetitive, time-consuming and baby-centred activities (see also Kitzinger, 1978). The 'acting out' of motherhood, therefore, is dependent upon the presence of the child.

The way the surrendering woman acts out her motherhood is considerably different, since adoption entails the renunciation of legal and social

parenthood. Where other expectant mothers are more likely to play out their role within a 'culture of maternity', showing off their pregnancies, discussing experiences, making plans, this woman may exclude herself or find herself excluded on the basis of her status outside marriage, her uncertainty about the future, or her plans to give up the child. As we have seen, she may partially conceal her pregnancy, revealing and discussing it with few others, or she may entirely conceal, not even playing the role of mother in the institutional context of the ante-natal clinic. Where the woman does not deny what is happening and intends adoption, her plans may be discussed less with her network of friends and others, and more within the context of social worker-client or midwife-patient encounters. Her acting out of motherhood consists of making the 'right' decision regarding her future and that of her baby and of preparing for this, carrying it out and accounting for it. Her experience of motherhood is likely to be more hesitant and reflective, less taken-for-granted, examining motives, circumstances and consequences which might be more taken-for-granted, less problematic (or not exist) for other mothers. Furthermore, all expectant mothers are required to give a certain amount of personal information in the interests (allegedly) of their health care. The woman who plans adoption is expected to give additional information, much of a highly personal nature, to the adoption worker who will record it 'for the file': information about her family background; education, interests, intimate relationships, as well as medical details. There are various identifiable components of this woman's mother role. Specification of the precise distribution of the practices outlined below would require a more study. Here, the intention is to establish a range of practices and some of their implications.

Selecting adoptive parents

At some point before placement (and this could be before or after delivery), the woman may be asked if she wishes to help select the prospective adopters. Her degree of engagement in this process can vary considerably. She may be asked, minimally, if she has preferences about the characteristics of prospective adopters (such as religion, interests, presence of another child) or she may be presented with a brief

description of several possible pairs of candidates and invited to select one. Developments in the United States and Australia have seen some birth mothers invited to meet competing candidates and then select on the basis of direct experience. This practice has not (yet) been introduced in the UK, but the mother might be invited to meet expected adopters after their selection by the adoption worker and Adoption Panel. One social worker posed the dilemma here, asking 'how far do you go?':

"We were talking the other day: practice issues when you deal with pregnant women. The kind of things that you tell them. Involved in the same thing is about offering the mums a choice. I mean how far do you go in actually involving them in choosing a family. I would say that we need to involve them to a large degree."

Mothers might see this (according to some interviewed adoption workers) as part of being a 'good' mother, since they can be assured how much the adopters want and will love the baby and since they can use it as an opportunity, for example, to explain why they have given up the baby and how they would like the child, when older, to know this. More simply, they can know that adopters will 'know' more about them to pass onto the child through a meeting, than just through the mediation of the social worker. Other social workers observed that mothers usually wanted simply "a family which will love the baby and look after it." In this study, few mothers considered high involvement in selecting alternative parents part of good mothering, defining this instead as a professional concern best dealt with by the experts. However, a number of the mothers expressed anxiety that the child should not feel uncaringly abandoned and that they should not be discredited by the adopters before the child and we shall return to these comments later. This was also discussed in relation to 'secrecy':

"They do sometimes request to meet the parents and / or see their photographs. But they've never insisted upon wanting to know where they live, or wanting to visit them at home."

Many social workers did not explain the need for this 'secrecy': it is a part of 'what anyone knows about' adoption (Garfinkel, 1967). Social

workers described the sorts of information about prospective adopters they gave mothers:

"We tell them the make-up of the family, whether that was the first child or the second child. We tell them the sort of background the adoptive parents come from, how they've done at school and what jobs they've got and what personal interests they have; a bit about the sort of home they live in and the sort of things they like doing, whether they go camping for holidays, the dog..you know, just ordinary things. We don't reveal full names or addresses."

It should be noted that most mothers interviewed whose children had been placed, appeared to recall far fewer details about the adopters than these. We shall return to the issue of secrecy raised here later.

Physical contact

As mentioned above, this will be dealt with in more detail in the next chapter. At the birth of the baby, the most pressing decisions to be made by the mother may concern contact with it, since this could cause considerable anguish and/or even alter the placement decision. For instance, if the baby is removed from the mother during confinement, the mother must decide whether or not to ask after its health and well-being. If the child is subsequently placed with foster parents, the mother may be offered the opportunity of visiting it. Alternatively, she may decide to glean her information about the baby's progress indirectly through her adoption worker right up until the Court Hearing.

Timing of placement and separation

Adoption agencies vary in the rigidity of their practices regarding the timing of the baby's placement with adoptive parents and the final separation of the mother from her child. Some, for instance always place the baby for an interim period of foster-care. In others, however, the

woman, while pregnant, may be expected to make a decision about the timing of her baby's placement with the prospective adopters: immediately following departure from the hospital or after a period of pre-adoptive fostering. In making the decision, the woman and social worker will take into account such factors as the former's apparent degree of commitment to adoption and her beliefs about good mothering (seeing, for example, direct placement - from hospital to the adoptive couple - as less emotionally disruptive for the baby and, therefore, preferable). The expectant mother may also be expected to make plans about intended contact with the child in hospital and to prepare herself for powerful emotion, either so that she is prepared for a possible change of heart or so that she can guard against the 'tender trap' (becoming so emotionally bonded to the child that she finds herself unable to make a decision to relinquish it - see Gough, 1971). One social worker explained:

"We need to be conscious, to make an actual conscious effort to address these kinds of issues - offering them a choice of whether they want a kind of direct placement from hospital or whether they want to know that their child is going straight to the new parents. Or whether they want a child placed with foster parents - an opportunity to see it a couple of times, say their goodbyes in a healthy way."

This suggests that not only is the relinquishment a threat to the mother, but the method of parting can exacerbate or alleviate that threat. It is significant that both direct placement and pre-adoptive fostering are defended by imputing different motives to the mother: achieving the simplest possible transition for the child versus promoting long-term maternal mental health through a style of disengagement which is paced and avoids denial.

Legal and bureaucratic considerations

The woman is also expected between the birth of the child and the court hearing, to provide her signature for a number of forms: concerning the child's medical care, and agreement to adoption. Agreement given verbally

at the Hearing is rare. Most usually, agreement is in writing, the signature witnessed by the reporting officer (see Josling and Levy, 1985, for a detailed analysis of legal and administrative provision). One social worker expressed concern about the new 'freeing procedure' (Section 14 of the 1975 Children Act). This permits a mother to divest parental rights in an adoption agency six weeks after the baby's birth. It constitutes an agreement to adoption generally (rather than to a specific adoption), and releases her from further involvement. The social worker considered this procedure might inadvertently constitute a collusion in 'denial', as its purpose is to terminate the mother's involvement more speedily.

The future relationship

Finally, there are considerations for the future. On the one hand, women may also be asked if they wished to provide a layette or simple outfit for the baby or to give it a present. On the other, the mother may, minimally, request or be offered a photograph or photographs of the baby, taken during the first months of its life. These could be seen as mementoes or reminders, and could be kept as perhaps the only material evidence of the fact of her having mothered this child. Most of the mothers interviewed here mentioned the importance of photographs, though one had refused a photograph as a means of distancing herself from the child (an example of emotion management), and another had never received the photos which members of her family had agreed to pass onto her. She bitterly resented this.

But the mother might also be invited to think to the future and to a future relationship with her child. Rather than meeting prospective adopters to explain her motivation, the mother may write a letter after placement, either to the adopters or to the child, and entrusted to the adopters for safe-keeping. She may be asked if she wishes to leave information on her agency file regarding her feelings about a possible approach by her child upon her/his reaching maturity. Moreover, she may be advised of the possibility of returning to the agency at a later date or dates. This could be to seek information about her child's welfare with

its adoptive family, or to provide information to up-date her file with regard to a change in circumstances. The purpose of the up-dated information (such as a change in name or address) could be to provide accurate information about its mother in response to a potential future enquiry from her child or, further, to facilitate a possible search by the child for its mother. Where a mother returned to the agency for information about her child, finding none, she may be able to ask social workers to make enquiries.

These are the main routes or channels through which the surrendering woman is able to 'mother' her baby, what we might call the components of her mothering role. The majority of these behaviours and practices are carried out in the physical absence of the child and are mediated through the professional worker or adoption agency. The surrendering mother generally has limited opportunity to mother directly. We can see, therefore, that the mother role of the woman who relinquishes her baby is not only highly contrived, but is also dependent upon an array of professional practices.

Variation in agency practices

Furthermore, there is considerable variation in social work practice regarding at both an agency policy level and individual worker level. Thus, one agency selected the first two or three couples from the top of its waiting list and matched their characteristics against the characteristics of the baby's biological parents, satisfying the mother's expressed preferences if possible. These preferences would be satisfied to the extent that they were considered to be beneficial to the child and providing the resources (ie adoptive parents) could be made available according to other criteria. Another agency pursued a different policy: a short list was made of several couples, brief details were mentioned and the mother expressed a preference. In this case, too, date of application was significant in determining which couples could be short-listed. Here, however, the mother's role is more prominent in the decision-making. Furthermore, different agencies employed different terms: for example, 'requests', 'wishes', on the one hand, and 'requirements' and

'stipulations' on the other. This may indicate the degree to which the mother was accorded 'rights' in the planning process.

A recent radio programme reporting on baby adoption described the case of a woman who expressly preferred adopters with some Irish connection since she was herself of Irish blood. Despite the fact that the agency dealing with her request was a Catholic agency, which accepted only Catholic would-be adopters, thus increasing the likelihood of couples with an Irish background being on the waiting list, other criteria superseded this request, namely the first-come-first-served principle (taking couples from the top of the list) (File on 4, Radio 4, 22.12.89). This case is interesting since it raised the issue of 'culture' and cultural background. This is a powerful and significant theme of many adoption debates surrounding the adoption and fostering of black children or mixed race children in the UK at present (eg Guardian various editions, July 1989). Clearly, the workers at this agency did not consider the fact of an Irish blood connection to carry significant cultural implications, to be important for identity. This may continue as the Irish / Irish-derived population continues to be assimilated into the dominant host culture. Alternatively, it may change as current thinking in the field of transracial adoption seeps into other areas of adoption practice, or should surrendering mothers be accorded greater 'rights' to specify qualities of adopters.

Variation also existed at an individual worker level. Within the same agency, one worker might offer the opportunity to meet the prospective adopters, another not. Furthermore, the practices of the individual social worker could vary from one case to the next. Not every client was considered suited to every possibility. For instance, 'unpredictable' mothers might not be offered the possibility of a meeting with prospective adopters; 'indecisive' mothers would be steered towards pre-adoptive fostering. One social worker commented that she tried to remember to offer the consideration of a direct placement (amongst other things), but that there were so many aspects to cover, she sometimes forgot. This is quite important, since not only are there relatively few 'components' to the mother's role, or opportunities for the woman to exercise influence over

her baby's own 'career' through the adoption process, but also it is quite likely that she will not be aware of many of them and thus will not be in a position to request them herself. One worker commented:

"I've rarely had a mother who hasn't realised that [adoption] does mean full severance of their contact with the baby. They know what adoption means - that they're giving their baby to another family and won't be able to see the child again. They're often not aware that they have to register the baby; and they're not aware of things like being able to have photographs and know themselves about the sort of family that their baby is going to."

Where the mothers are concerned, none had strong beliefs about specific qualities they desired in the adopters. There was some variation in the extent of the information they had been given about the adopters. None of them had met the adopters. For some, this had not been a known option (they had not been informed of its possibility); others decided against such a meeting largely for reasons of emotion management. One mother had specifically requested that her son be placed as a second child, that he have an older sibling. Although he was ultimately placed as an only child, the mother expressed a little disappointment, but no evident resentment. What appeared most important to the mothers was firstly, that the adopters be 'really nice people' and secondly, that they badly want the baby.

Characteristics of the mother role

It might be useful to consider at this point some of the characteristics of this mother role. First, it is clear that it is a highly contrived one, dependent upon negotiation between mother and various significant others but, above all, the social worker. The 'boundaries', or extent and limitations of the woman's acting out of motherhood are established through a negotiated definition of the situation (see Scheff, 1968). The mediation of the social worker is central; she mediates between the mother and the Adoption Panel; between mother and foster parents, or mother and adoptive parents; between mother and hospital staff (particularly regarding the conditions of confinement and contact with the baby); she

mediates between mother and access to human or material resources and even between mother and child: in short she mediates, in a sense, the mother's relationship to her own motherhood. The social worker exercises her judgement with regard to what is possible and desirable in each particular case through interpreting legislative provision and administrative regulations (Adoption Regulations, 1983) which apply on a nation-wide basis, and agency policy (itself formulated largely through the Adoption Panel), as well as implementing her own preferences and style.

Whilst other mothers mother in a countless variety of settings, this is not the case where adoption is planned. This mother role has relatively low 'visibility': the most 'public' setting for her mothering is likely to be the hospital, where her contact with the child will be viewed by hospital staff and possibly other mothers and a small circle of family and friends (to be dealt with later). The components of her role described here, however, are likely to occur within the home or the social worker's office. After the child has been adopted, the woman's status as a mother may be entirely unknown to those around her, ie it has no visibility. We could also say here that the role is relatively simple, constructed from a limited behavioural repertoire, certainly in comparison with the mother roles of women who keep their babies (or of those who adopt their babies). This simplicity in its behavioural components is contrasted by a considerable degree of complexity in its emotional aspects, arising from the (expected, at least) contradictions of wanting and not wanting, or desiring and rejecting.

It should also be noted that the purposes in terms of intended functions (where functions are understood as any condition or state of affairs which results from the behaviour) are slightly different in emphasis from those of the mother roles of long-term social mothers. Where the functions of mothering are often conceived of in terms of meeting the needs of the child, in the case of the relinquishing mother, the satisfaction of the child's needs is more a 'given', and her mother role is constructed more for the purpose of meeting her own needs. There is, first of all, her need for respectability, her need to be seen as 'normal' and of moral worth: this entails sensitivity to what is expected of mothers who give away

babies and operates more on the emotional dimension (see Chapter 9). However, as we acknowledged in Chapter 3, the question of social status and social identity is not unconnected to the individual's sense of self, appreciation of personal identity, self-esteem. The mother is believed to be better able to develop a 'positive identification' as a mother where she has been enabled to 'embrace' her motherhood, 'act' it out (see Bernstein, 1966, and discussion below). Furthermore, the status of these acts and actions as 'rituals' (formal and informal) and their tangibility in contributing, even if indirectly, to the well-being of the child, are believed to facilitate a 'healthy grieving process' (Lovell, 1983).

This does, however, point to a pre-requisite of the construction of the mother-role in these terms; namely, that the resources for the day-to-day physical and emotional care of the baby are available from alternative quarters. This is a necessary condition for the elaboration of a mother role based upon indirect and mediated actions. Even where, in cases of adoption, the mother gives full care to the child in hospital after delivery, the extension of this complete care after the hospital period is rare and was mentioned by social workers only in relation to 'good' mothers who took their babies home on an experimental basis for the purpose of proving to themselves their unreadiness for motherhood. The widespread availability today of facilities for the care and shelter of the child marks a most significant change from the circumstances prevailing in the fifties and sixties (see Nicholson, 1968, for a discussion of the resentment felt by women forced to give six weeks' care to babies in mother and baby homes). Additionally, social workers spend a great deal more time with each client and keep records which are extensive by comparison with those of two decades ago and before. This has been made possible largely by the dramatic drop in the number of clients.

Some background changes to the relinquishing mother's role construction

Changes have taken place within the social work profession itself. As we have noted, many of these channels for mothering result directly from the practices of social workers, some of which have been in use for some years, others of which are only currently evolving (Kenny dates some

practices, such as mementoes for the baby, to the 1970s). These practices have come about partly in response to the 1975 provision entitling adoptees to their birth records and information about their natural parents (usually referred to simply as Section 26). Beyond this, practices designed to encourage the woman in planning for the baby's future have resulted partly from an increasing awareness of the implications for the grieving process:

"[They have] this need to feel that they have given something. I think there's a very big fear that if they don't, they are just abandoning the baby."

Excessive guilt has been seen to impede recovery from the loss (see, for example, Parkes, 1975; Lindemann, 1944; Peppers and Knapp, 1980). In addition, there is concern about social worker collusion in 'denial' of what is happening to her. This is linked to the first concern since it, too, can complicate the grieving process. As indicated, some 20 or 30 years ago, when pre-adoptive fostering was less widely available, demand for babies less buoyant and the adoption services less developed, many women were compelled by force of circumstance to care for their babies fully for up to six weeks after delivery (and the official line was to endorse and encourage this - see, for instance, Hurst, 1954). Punitive elements among those 'caring' for these women derived satisfaction from the deterrent effect resulting from the terrible anguish following separation after likely bonding. Other women were driven through the forged bond to reverse their adoption decisions despite undesirable circumstances (Gough, 1971, discusses the usefulness and dangers of mother-child contact after birth). Calls for greater flexibility among case-workers (eg Rowe, 1966) were matched by changes in hospital practices and a shortening of the period through which the woman had responsibility for her baby (see, for example, Triseliotis' advocacy of direct placement two decades ago, 1970).

However, a parallel concern developed about how surrendering mothers could be enabled and encouraged to construct a positive identity for themselves as mothers (see, for example, Bernstein, 1966). The change in practice

regarding the physical care of the child (ie shifting away from mother-child contact) exacerbated this perceived problem. The developing practices amongst social workers today encourage the woman to consider herself a mother and play out the role of mother relatively less through direct physical contact with the baby, which must be carefully managed if the adoption decision is to be adhered to; and relatively more through planning for the child's placement and through consideration of contact with the child in later years. Several adoption workers interviewed indicated a sensitivity to others' perceptions of their role in the decision-making process (as seen in chapter 7) and fears of their inflicting pain (see particularly in the following chapter). The greater involvement of the mother in the planning stages and in considerations of the future is a less visible and emotive strategy (as well as less likely to result in a reversal of the 'right' decision) for encouraging positive identification as a mother.

There has been a shift, then, in the way in which women surrendering their babies can construct their mother roles and incorporate the fact of their maternity into their sense of personal identity. We can see that the availability of these role components both acknowledges the fact of the woman's motherhood rather than denying it, and also accords the mother some control over the process of adoption. This represents a social recognition that the adoption is the woman's affair, that it pertains to her, is part of her life, that she should have some say. The according of power to the mother (admittedly limited, relative, and contingent) is itself a validation of her position. She has not forfeited (at least entirely) the deference and respect of significant others. Likewise, this enables the woman to accept the fact of her pregnancy and motherhood as well as relinquishment of the child.

Acceptance has been identified by Breakwell as a coping strategy and one which is likely to be more successful than denial which, she claims, can be no more than a holding operation. The relinquishing may have acquired membership to a socially denigrated group (mothers who leave their children - though even here, competing definitions operate) but the threat this constitutes can be alleviated. Firstly, the characteristics of this

position come to be redefined: these mothers are not 'all bad': they plan for their baby and give things to the baby. This can both enhance self-esteem and protect continuity of identity where the mother had previously thought of herself and been considered by others to be a caring and responsible individual. Second, there are in any event competing definitions of this group. One of the most significant role-sets of the surrendering mother is that of mother-social worker. Adoption workers tend to evaluate positively mothers who relinquish their children. We have already seen in the previous chapter that relinquishment is associated by professionals with strength of character. Third, and related to this, the relinquishing mother, throughout the process of making these subsidiary decisions, is able to avow intentions and justify actions in ways approved by the social worker. The mother is able to present herself in a positive light and have this self-presentation affirmed. This is not to say that a mother is guaranteed a more positive identity, but that these practices open up this possibility.

Role expectations

The noted variation in this role construction is matched by considerable latitude in what is expected. Social roles can be more or less explicitly defined. The role of mother is diffuse and vaguely defined. We mentioned earlier (Chapters 2 and 7) that a very broad range of behaviour can be taken as evidence of good or bad mothering. There is a degree of variation in the ways in which women construct their roles as mothers, and a degree of confusion and ambiguity in what is expected of them. This is exacerbated in the case of the surrendering mother, partly because the embarrassment arising from her loss causes others to withdraw, which leaves her alone and in a limbo (a fairly well-documented response to the bereavement of others - see, for example, Oakley et al, 1984:25-26; Lovell, 1983); and partly because the secret and confidential nature of adoption keeps information about the practicalities of implementing the adoption decision from those outside the process. This protects those inside, to some degree at least, from social expectations. Definitions of a 'proper' mother may not be entirely consensual, nor the parameters of the role entirely clear, but most members of society know what the

conflicts are (for instance, over compatibility with paid work and desirability of substitute care) and know enough to operate within the boundaries. Relinquishing a child is a rare and confidential affair, which does not lend itself to clear social expectations. To some extent, then, there is a certain autonomy in the making of the mother role in adoption from wider social expectations or prescriptions. Social expectations were articulated most forcefully where the mother's direct contact with the child were concerned (as well as over the placement decision itself), and these will be discussed in the next chapter. These expectations tended to operate more on the emotional level. Where planning and a future relationship were concerned, fewer expectations were expressed.

Those who could be thought to have expectations are, of course, the social workers who provide the possible components of her mother role. Where planning for the child's future and providing for links with the child into the future are concerned, social workers once again tended to ambivalence, emphasising the importance of the woman's scope to choose, but also expressing concern about long-term emotional implications. Social workers are to some extent caught between two discourses: a modern permissiveness which shies away from practices which inflict pain, and an emphasis upon the inter-connectedness of psychic experience (which we have suggested is drawn from psychoanalysis) applied particularly to the experience of loss. Additionally, different role components are subject to differing degrees of cultural prescription (eg there are stronger expectations that a mother provide background family and medical history than that she write a letter to the adopters). In reference to specific cases, social workers might also express an implicit expectation of 'reasonable' involvement. For example, one social worker commented impatiently upon one client:

"One woman had all sorts of things she didn't want. She didn't want anyone even vaguely right wing. She met the adopters beforehand to make sure they were good left wing professional people. She wanted the child to travel. She kept her baby in the end."

Role rights and responsibilities

Thus, not only do professionals in the adoption process inform the woman as to the opportunities she can use to act out her motherhood, and the issues around which she can carve out her role as a mother, but also these may be communicated to her with evaluative overtones. This indicates the importance of social worker practice and social worker discretion. It also raises the issue of whether these opportunities for acting out motherhood should be construed as role rights or role obligations.

The involvement of the mother in planning for her child and considering potential future eventualities can be perceived as both right and responsibility. This reflects the dual character of most social roles, namely that incumbents are assigned by others certain rights vis-a-vis other roles, but are simultaneously constrained by more or less well defined expectations regarding these 'rights' (Biddle, 1979). As we have noted, this duality is expressed in social work and nursing talk which simultaneously emphasises the mother's right to make 'her own' decisions and her responsibility to make the 'right' ones.

While the mother has (in almost all cases) an absolute right in law to make 'her own' decision regarding whether or not to surrender her baby, she has no legal rights in the process of selecting substitute parents. The mother agrees unconditionally to an adoption order, whether or not she knows the identity of the adopters (Josling and Levy, 1985:41-42). She cannot insist that they possess even the most basic material and emotional qualifications (see Teague, 1989:ch 5&6, for a discussion of the changing legal requirements and rights of natural mothers since 1926). Social workers, within the limits established by the legal and administrative provisions, decide corporately or individually the precise force of the woman's expressed preferences in determining characteristics of the placement and the extent to which information regarding her child's well-being in the years after placement will be given. Thus, we see again the contrived, contingent and provisional nature in the status of the woman's role as mother. By the same token, these aspects of the mother role are not responsibilities which the mother is obliged to accept (providing she demonstrates that she is not indifferent to the loss of her child).

At first sight, this situation may look very different from those rights conferred on 'normal' parents in respect of their children. However, the difference between the status of the mother's 'rights' in adoption and parental 'rights' in law is not so great as it might first appear. (In the case of the illegitimate child, the mother only is (automatically) the legal parent). This is because what are commonly termed 'parental rights' could best be understood as parental 'claims' and indeed, Cretney has noted that family law carries 'to an extreme degree' the reluctance of English law to establish clear rights (1984:ch10).

Furthermore, the 'rights' of the parents are increasingly being understood as the rights of their children. Indeed, the modern function of 'parental rights' is to permit parents to discharge their duties to their children (Cretney, 1984:ch11) or their duty to society (see Hoggett, 1981:ch1)

Parental rights in law are provisional in the sense that, although these are considerable, and may not be interfered with until the powers of the courts have been invoked, once they are challenged, they can be overturned, as the courts endeavour to promote the welfare of the child throughout her or his childhood. Within the adoption process, the only right the mother has with regard to her baby concerns physical care and custody. She can withdraw it from the adoption process, although this is difficult after written consent for placement has been given (thereafter, she may face a legal battle to regain her child); and she can have physical access to her child until this point. At the extreme, a woman who prevaricates excessively over the future of her child may find her agreement to adoption dispensed with (Josling and Levy, 1985:41-51).

To summarise, (except where the child is the subject of a Care Order and access formally terminated) the mother can have physical access to her child until the consent has been given. Thereafter, access to the child is problematic. Throughout the whole adoption process, before or after consent-giving, the mother has no legal right to stipulate requirements concerning the child's 'adoptive life'. The courts have a legal obligation to promote the welfare of the child. In adoption, responsibility for interpreting this principle in particular circumstances is assigned to

social workers, whose decisions are subject to court scrutiny. Thus, the mother has no absolute rights to influence the nature of the child's adoptive home. This is one respect in which the child's adoptive and non-adoptive 'lives' remain compartmentalised. To the extent, however, that social workers are expanding the opportunities for woman to participate in planning, this separation is, in practice, being undermined.

The future in motherhood?

This trend can also be seen in practices which legitimate a woman's continuing concern for her child after placement, her continuing status as the child's mother, the fact of her enduring motherhood. These practices enable a mother to carry on conceptualising herself as a mother, as this child's mother. To recap, these practices include informing the woman of the legal entitlement of adoptees to information about their natural parents and to counselling regarding renewed contact with their parents; encouraging the woman to consider the implications of this for her and her feelings about the prospect of future contact; informing her of the possibility of depositing at any time information on file concerning her circumstances and attitudes towards possible contact; and informing her of the option of returning to the agency for information about the child left on file expressly for her knowledge or requesting that the adopters be approached for such information. One social worker explained:

"You do have these mothers coming back to the agency, going through these times of insecurity and perhaps wanting to feel that the child is still alright. Obviously, by this time, we've lost contact with the adoptive parents, but because the North East is quite a close knit area, it is sometimes possible to even approach parents, or hear on the grapevine. It's not any thing that's been done in the past, but adopters are a captive audience. If you tell them what you want at the beginning, they all want their babies so desperately, they'll agree to anything. But whether they carry it on into the future of course is up to them. But I think a lot of them are more likely to take something up. So, it's something that you talk about - that a mother could come back in five or ten years' time, and

would they feel it unreasonable if we wanted to approach them just to reassure her.....They're, you know, in a perfectly safe position."

We see here evidence that social workers are using the leverage furnished to them by their powerful position as assessors, to achieve informal agreements from prospective adopters which result effectively in a less rigidly closed type of adoption. The adoptive unit is more permeable. Informal, but nonetheless recorded agreements at the assessment stage open the way for social workers to make approaches for information long into the indefinite future. The adopters still formally control the extent of intervention in their lives: they can refuse to give information or insist that their previous agreement be rescinded. They can also control the information which they provide. However, expectations governing the adopters' role, expectations about what the 'reasonable' adopter would consent to are clearly changing, in a way corresponding to a consolidation of the natural mother's status as 'mother'. (It is difficult to imagine the feasibility of such practices in any situation other than where demand for adoptive babies dramatically outstrips supply, in the words of the speaker above, where prospective adopters are a 'captive audience'. Where demand is high relative to supply, we can expect the 'price' to rise.)

Although social workers could emphasise the potential benefit of this type of contact to the adoptee, since it could convey the continuing love and concern of the mother for her child, social workers in interview, at least, presented this practice in terms of its positive impact on the mother:

"It is a more sort of 'open' adoption and they [the adopters] are perfectly secure. It's really nothing, and again, it's something that could help the mother and reassure her; I don't think it's too unreasonable."

Social workers are beginning to say it is her 'right' to be involved since it is 'her' baby. However, the extent of the shift towards the rights of the natural mother need not be overstated. They are contingent upon the

'security' of the adopters. Most social workers expressed a wariness about the possibility of taking a more 'radical' stand with mothers seeking information in the future. One articulated this by distinguishing the 'pure counselling' from the 'facilitating' or 'enabling' role of the social worker and expressing doubts about the appropriateness of the latter two. She added, however:

"There could be different legislation in ten years' time. It may be that parents have actually got the right to seek their adopted children."

Another indication of the limitations of these 'gains' for mothers is seen in the vocabulary used by some social workers to describe the woman's exercise of her 'rights'. The earlier quotation links the mother's return for information with 'times of insecurity'. Thus, their exercise can be interpreted as to some extent pathological, an indicator of unresolved grief:

"I suppose probably the mothers who have more difficulty in getting over the adoption are more likely to come back. And perhaps, their lives have not gone well. Perhaps, they're the ones who got an unhappy marriage, or who haven't married at all, or they're subject to depression or these sorts of things. And I think they are more likely to be the ones who'll come back. Whereas the ones who go on to lead a happy positive life can come to terms with it."

Thus, there is a contradiction. These practices imply the acknowledgement that the mother does not cease to be the mother upon relinquishing and that this should entitle her to certain legitimate claims and considerations on the part of others. The very term 'open adoption' is used, and approvingly. Yet, social worker descriptions of these practices suggests there is something abnormal about the woman who chooses this route (search for information) as a way of expressing her motherhood. Another social worker implied less pathology and more a natural progression. He suggested serious consideration be given to investing

resources in greater counselling facilities for women in the years following relinquishment:

"I mean I wonder sometimes whether there is a need for us to do much more post-adoptive work, not just until the adoption order is made. I wonder sometimes whether the most critical times are years later, perhaps. When she's perhaps considering marriage and considering having a family then. And how she enters into the relationship with her new husband and the child. [I wonder] whether we actually need to be around then, which may be years later."

This could be seen to parallel developments in another area of adoption debate, namely the motivating factors in the search by adoptees for information about and/or contact with their natural parent(s). Here, there has been disagreement regarding the extent to which the adoptee's search should be regarded as pathological, a sign and symptom of an unsatisfactory adoption placement or as a natural and healthy exploration for the 'discovery' or enhancement of identity (see Triseliotis, 1973, for an exposition of the first view, and Haines and Timms, 1985, for the latter).

Indeed, the 1975 Children Act's provision for the access by adoptees to their birth records has provided an impetus for practices such as those described above. This provision acknowledges the felt need of some adoptees for information about their natural parents (see Triseliotis, 1973; and Haines and Timms, 1985, for a detailed analysis of the provision). A clear implication of this was the change in the position of the surrendering mother: she could no longer relinquish her child safe in the knowledge that her secret was virtually inviolable. Now she had to place her baby in the knowledge of her child's new rights. These rights implied her continued status as the child's mother, through its possible future revelation (what Goffman (1963:ch2) would term 'discreditability') and in some way sanctioned her continuing availability or accessibility to her/him. Several social workers commented that many mothers welcomed these provisions and viewed possible future contact as a maternal duty. Certainly, mothers interviewed here did not detract from this impression.

"[Section 26] is obviously not a threat. Whereas I imagine thirty years ago, it would perhaps have been much more a threat."

The following account describes Julia's consent to the adoption of her first baby and demonstrates one way in which the 1975 provisions may have an impact on counselling:

"It wasn't because I wasn't interested, it was so quick. It all seemed over in no time..It took me ages to sign [the consent form]. I said: I don't want to, I don't want to give the baby up. But, I said, I don't think I could, I couldn't take it back now. Well, she said, maybe it's for the best. He's getting a good start in life. He's going to be well looked after and, she said, at least you'll always have, you know when he's 18, he might come back to see you."

She is reassured by the words of her adoption worker. The adoption worker refers to the possible curiosity of her son in 18 years' time. This is offered as a comfort, even inducement to surrender. The inference is that the relationship is not over, her motherhood is not over: ie, she is not losing her child forever. The irrevocable nature of the loss which has been traditionally stressed within baby adoption, at its strongest in legal terms, is now undermined by the changing rights of adoptees and the impact these appear to be having on social work practice. We can also interpret this consideration as an example of 'anticipatory restructuring' of identity, a tactic deployed, Breakwell claims, as part of an acceptance strategy for dealing with identity threats (1986:93). Here, the mother has prior knowledge of future implications of the new position she occupies and is able to absorb some of the characteristics of the new position in advance. Alternatively, this social worker intervention could be seen as damaging since it may encourage 'fantasies' which substitute for reality.

Although neither mother nor child has the right of direct access, the child does have a legal right to information about the parents at the time of her/his birth and to counselling regarding a wish to search. This legitimates through legal provision a child's wish to contact the mother. The mother's desire for contact with the child is not legitimated through

legal provision although, as we have seen, social work practice can be interpreted as moving in this direction. The very existence of the 1975 provision enables women to legitimate a fantasy about future reunion. They have to think about the implications and articulate their thoughts and feelings about them. This is but a short step from reasoning and expressing their own desires and preferences, and from observing and evaluating the discrepancy between the rights of the child and their own rights. Some mothers perceive this imbalance to be unjust.

All of the relinquishing mothers interviewed welcomed the prospect of their children returning to find them, once they reached adulthood and assisted by the 1975 provisions. They regarded their children as remaining 'their children' despite their relinquishment of the social role of mothering. They felt a continued obligation to their children, especially concerning the imputed need of the child to know why s/he had been surrendered. All of the women had been informed of the possibility that the child had certain legal rights; they had all thought through some of the implications and had constructed imagined scenarios which reflected their apprehension as well as their hopes:

"I think I'd like to see him because although he's adopted, I still feel he's my son. I think he's my son and he's just gone away for a while and if he turns up when he's 18, I'll just be so pleased. I think I'd like to know what he's done or what he's decided to do. I think I'd be worried in case he's so resentful. If he just comes to find out why and have a go at me and then leaves, I think I'd be upset. But I'd still like to see him."

The following mother believes she has an important and specific role still to play in her son's life: explaining the relinquishment:

"I think if I was adopted, I would want to know. I'd want to see my mother to talk to her and probably find out why, the reasons why. I think most children do, you know, who are adopted. I don't think there's many who'd say: I don't want to know."

The following mother made some specific requests of the social worker that she inform the adopters of her willingness to see her child again, and her wish that the child be informed of his adoption:

"I think I'd be scared [if he came] but I wouldn't mind. I'd like him to. I've told the adoption worker that the parents must know that I'd agree to him coming round. I wouldn't mind and I'd like them to tell him as soon as he's old enough, not for him to find out by asking for his birth certificate. I'd like him to know so I've got to kind of keep in touch with [the agency] if I move on or anything like that and tell them how I'm getting on and things like that."

This woman had taken up an option offered in order to facilitate any overture on the part of her son regarding contact. In this way, she has committed herself to a limited, but concrete task vis-a-vis her child. Moreover, it is carried out in the absence of any corresponding right on her part to access to information about her child. Her anxiety that the adoptive parents should disclose the fact of adoption in a way which enables the child to cope with it and so that the fact of her existence is not hidden was echoed by others:

"I think it's a case when the baby's older, when he's 18 and he comes to see me, he has to get to know his own natural mother again. Well, sort of get to know her in the first place. But I don't...I hope they don't ever tell him that I didn't love him or anything like that. I hope they don't say anything horrible, which I don't think they will 'cause [the social worker] said they were a very nice family. But you never know, he might not want anything to do with his mother, he might be happy with his own parents. If he ever did want to come and see me, I wouldn't say: No. In fact, I think I'd be quite happy to see him, to see what he actually has grown up like."

Note that this woman refers to herself and the adopters as the child's 'own' parents (see Rowe's (undated) discussion of 'real' mothers). It is

evident that whilst mothers appeared content to allow social workers to make arrangements on their behalf, there were some basic matters that they were concerned about, for instance that the adopters view them sympathetically, and that they convey a positive picture of them to the child. This can be viewed as another facet of the identity threat experienced by the relinquishing mother. She is vulnerable to the construction of her moral character by others and before perhaps the most significant audience: her child. The narrative the adopters provide for the child of her story constitutes in itself a construction of her identity. She knows what possible constructions there are (that she does not love or has abandoned the baby and so on). Several mothers expressed the belief that the denial of access to information to the natural mothers is unfair. The following mother linked this injustice to the lack of real choice some relinquishing mothers have:

"Because some people are in such situations that they have no alternative but to give the baby up for all they don't want to. They have to give away the baby and all that time they're just sitting back waiting for that child to be 18 and wondering if he's gonna track his real mother down. I think a mother should be allowed to try and find the child."

Despite a desire for information about their children, these mothers also displayed considerable protectiveness towards the adoptive family. One believed she could not go and look for the child in 18 years' time because this could hurt the adoptive parents; another found signing the consent form extremely difficult, but considered it would be cruel to the prospective adopters to reclaim the child at that stage; yet another believed it would be wrong to ask for photos of the child as he grew older:

"It wouldn't be fair on the people who are bringing him up to be thinking every now and then, we'll have to take photographs for his real mam. They want their life together."

To summarise, therefore, we have considered in this chapter the ways in which mothers are enabled to 'act out' their motherhood in the case of a decision for adoption. We have conceived of this in terms of a 'mother role' which is comprised of a range of physical and emotional behaviours, many of which are dependent upon the initiatives of and interaction with significant others, underlining the role-making aspects of the social role. This mother role shapes the planning process of the transfer of the baby to substitute parents, the nature and extent of physical contact between mother and baby and the possibility of a future relationship. It influences to some degree the baby's own adoption career and, it is argued, the construction of a 'positive identity' (i.e. a positively evaluated identity) as a mother. The mother role in the event of relinquishment is distinct from the usual role of mother in a number of respects, including the range of appropriate behaviours, situational context and duration. It is constructed much less around direct interaction with the child and may omit many basic features of typical mothering. The parameters of the mother role have implications for the roles of other parties. A change in the moral climate (and the baby market) is resulting in a shift in the balance of rights and responsibilities of the parties. There is a shift towards greater integration in the child's pre-adoptive and adoptive lives (an 'opening' of adoption) which, primarily pursued for its imputed psychological benefits to the child, is being used in this instance for the benefit of the natural mother.

One aspect of the mother role, which has not yet been explored, concerns the emotional dimension and it is to this and the issue of mother-child contact that we now turn.

CHAPTER 9: RHETORIC, EMOTION AND EMOTION MANAGEMENT

Introduction

This chapter pursues the ideas developed in the previous chapter. Here, we shall focus upon a particular feature of the mother role of the woman who intends adoption, namely her physical contact with the child after birth and the interaction of this with maternal feeling. It is a significant feature of the social role of motherhood that observable behaviours towards the child are at least matched in importance by the feelings the mother has towards her child. The heavy significance placed upon feeling distinguishes the role of mother from many other social roles (eg bus conductor, cleaner, social worker). We shall draw particularly upon the concept of 'emotion management', developed by Hochschild and outlined in Chapter 3. We have already reviewed social scientific conceptualisations of emotion (again Chapter 3), and here we shall examine the beliefs of professionals about the maternal feelings of 'normal' or 'typical' women after they have given birth as well as conceptions of women who express no emotion when faced with impending separation. This helps to establish the nature of certain 'feeling rules' and 'cultural display rules' which apply in the neonatal period. We shall then move on to the conflicting objectives of mothers and social workers, and resulting emotion management techniques in relation to social work practice and hospital practices, and the experiences of mothers themselves. The material draws upon interviews with social workers, nursing staff and natural mothers.

We should begin, however, not with a consideration of emotions expressed and managed before placement which forms the main concern of this chapter, but with a brief analysis of the feelings women reported after losing their babies. These constitute an essential part of the mother's experience of the adoption process and may have implications for a subsequent pregnancy.

Adoption and maternal grief

Whilst most 'emotion talk' among social workers concerned the managment

of feelings in order to implement an adoption decision, the mothers themselves spoke, not exclusively, but at greater length about feelings following the placement of the baby. For instance,

"Pregnant, I was very depressed. But I was even more depressed when he was adopted. I didn't realise how hard it would be."

"After two weeks I returned to my flat to try to sort out my life - what a laugh - I didn't even know who I was. I broke down in Tesco when I discovered I didn't have my purse etc etc."

"I kept letting time go on hoping I'd feel better. I went to my brother's in Portsmouth, but the feelings went with me."

"I don't cry much now. I accept it. It took me a long time to accept it. It took me at least two years. In the first year I did cry a lot when anybody brought it up. It took me about two years to accept that he was adopted and that I wasn't going to see him again, Not for a long time, that I might not even see him for ever. So I've got to accept that. That was why I was so determined with [second son]."

Another mother, Margaret this time, mentions a time-span of two years. Her account holds up some promise of recovery and renewal:

"I suffered depression for nearly two years and had to give up a college course I was attending. But now with the help of my friends, I have a job, a flat and an okay life."

She offers a clue to survival:

"I still keep in contact with the adoption officer and sometimes hear of my child's progress. The parents sent me photographs and a beautiful understanding letter and I believe this has finally settled my anxieties."

By contrast, some remarked upon the reaction of others, in particular the problems created by embarrassment and denial.

"Then, they talked about it, but not now they don't. I'd rather they talked about it. I'd rather anybody just talk about it than just keeping it locked away, pretending it didn't happen."

The following quotation underlines the theme of 'pretending it didn't happen'. It also suggests a certain ambiguity: she 'came round' but 'you never get over it'. The pain lessens, the crying ceases, but the loss is real and permanent: a mother's grief is lasting.

"I don't think anybody knows what to say to you. They can't say: Oh you'll get over it because you never do. You can't wipe it out. You can't pretend it didn't happen because it did. I got out of it myself, I know I came round. I don't cry so much now."

Adoption workers, however, believed there was comparatively little they could or ought to do once the child had been adopted, and even during the probationary period, considered they should encourage the woman to 'wean' herself from the worker. Several social workers believed either that mothers had other sources of support, or that mothers associated them with the loss of the baby, even blamed them as part of a grief reaction, and thus needed to withdraw fairly rapidly from the professional relationship.

Emotion Management Techniques

It will be useful to outline at an early stage the sorts of techniques deployed to manage emotion. Emotion work can be carried out on the self by the self, or on the self by others, and can include techniques and strategies on different levels. To adapt Breakwell's typology of strategies deployed to cope with identity threats, we can see emotion management on an intra-psychic and interpersonal level and also through manipulation of the physical environment.

The objectives of mothers and professionals, discussed below, necessitated management techniques focussing upon forms of denial; manipulation of the woman's relationships with others; and manipulation of contact with the baby.

On an intra-psychic level, techniques of denial have been commented upon by many observers of bereavement (eg Parkes, 1975; Silverman, 1981) and by theorists of identity (eg Breakwell, 1986). Natural mothers interviewed talked in terms of "pushing it to the back of my mind", "keeping my mind on other things" and "ignoring it" as responses both to pregnancy and impending separation from the newborn baby.

On an inter-personal level, the management of contact with the baby revolved around behaviours such as seeing, touching and holding the baby; other aspects of baby care, such as feeding, bathing and nappy changing; and the possible removal of the baby to an alternative (usually, Special Care) Nursery, geographically apart.

The management of relationships with others entailed controlling the following: the extent and quality of 'mother talk' (ie informal communication among mothers); the expression by others of moral judgements about the 'right' decision; visible reminders of maternity (such as photographs, other mothers); discussion of "feelings" about the situation. Thus, these efforts targetted factors which encouraged maternal feeling through direct discussion, or indirectly through access to the hospital 'culture of maternity' (consisting, for example, of the routine practices and procedures of the maternity ward and the sharing amongst mothers of complaints about painful stitches, feeding difficulties, sleepless nights etc. See Oakley, 1979:ch6.)

Professional conceptions of maternal emotion

However, before examining the application of such techniques in more detail, we shall consider conceptualisations of maternal emotion found among professionals. (Nursing and midwifery staff did remark upon the feelings of mothers, but to a lesser extent than social workers, and in

this section we shall focus upon the perceptions and practices of social workers.) Social workers, when interviewed about the decision-making processes exercised by women after the birth of their babies, were exceedingly reluctant to make generalisations or draw anything more than tentative conclusions about what 'normal' women feel. They did sometimes make generalisations, but these were usually accompanied by qualifying statements. This was not simply due to professional non-judgementalism. Clear, even dogmatic views had been expected (see Macintyre, 1977 and 1976b on the social construction of 'instincts'). Their emotion talk reflected an ambivalence about what normal post-partum feelings are and about what inferences can be made about felt emotion from expressed emotion. Individual social workers 'slipped' from generalisations to categorisations (all mothers vs relinquishing mothers vs relinquishing mothers who don't feel and so on) and from one theory to the next, reflecting the multiple realities embodied in the contrary themes of maternalism.

However, emotion talk was usually tied to a discussion of social work practice and this was where the immediate dilemma lay. It is as though the issue of maternal feeling is viewed by the social worker through the lens of her own professional obligation. This is seen in a number of distinct, but related areas of their work during the confinement period, including decision-making about contact with the child in hospital, and about placement. Conceptions of 'healthy', 'normal' or 'appropriate' maternal feeling had implications for desirable social work practice which, during the confinement period, was largely concerned with managing emotion. Social workers deployed alongside each other beliefs about the mother's love and need for the newborn baby, psychoanalytic concepts such as repression and denial, and broadly feminist notions emphasising diversity and the cultural character of mothering. They were uncertain and ambivalent as to how best to balance or choose amongst these theories when faced with, in particular, women who did not express the strong emotions of desire and grief for the baby which, they claimed, most clients intending to surrender felt. This essentially epistemological dilemma concerning how best to specify the content of maternalism was resolved by them through recourse to professional values and practices. Appeal was

made to respect for the individual, the uniqueness of each case, non-judgementalism, client self-determination and the requirement to leave the client intact enough to carry on with life (see Forder's comment upon the simultaneous deployment by social workers of the concept of self-determination and a Freudian interpretation of behaviour, 1976:28). Recourse to these principles resolved the dilemma of how best to counsel and assist a woman, where neither the problem nor its treatment were obvious. This bypassed uncertainty as to the precise specification of 'maternalism' by making such specification unnecessary. Thus, 'justificatory' talk served the purpose not simply of satisfying the interviewer but also of reassuring the social worker herself, (ie resolving her own dilemma). The resolving concepts are "coping mechanisms", "dealing with it in her own way" and so on.

The Emotional Crisis following Birth and the need for Emotion Management

Social workers tended to agree that the delivery of the baby and the ensuing confinement constituted, for one reason or another, a critical period for the mother planning adoption. We have already seen that some social workers perceived an ambiguity in their work after delivery resulting from confusion regarding the identity of the primary client, whilst others commented upon the 'danger' powerful maternal feeling posed for the successful implementation of the placement decision.

There does seem to be fairly general agreement amongst social workers that the feelings of a mother towards her newly delivered child are usually strong and positive. There is a certain ambivalence, however, regarding the universality of these feelings. On the one hand, social workers expressed reluctance to generalise:

"It is difficult to imagine how strong emotional feelings can be....I mean they're not always."

(Several workers commented that mothers have difficulty foreseeing strong feeling. See also Oakley, 1979:ch6.)

"A lot of mothers don't bond with their babies immediately."

"I think some do cope more easily than others. That although there is obviously a lot of emotion attached to childbirth, I think some are less emotional about it. It doesn't come out anyway."

The final quotation makes explicit the difference between having and expressing emotion or feeling.

On the other, many perceived the post-partum period as constituting a veritable emotional crisis. This was partly due to physical exhaustion and hormonal alterations imputed to most newly delivered women, and partly due to the special circumstances of the mother planning to relinquish her baby for adoption. Social workers made general comments regarding the emotional reaction of typical mothers following childbirth, particularly the strength of maternal feeling for the child, which surprised and was unanticipated by many first time mothers.

"This emotional reaction to having a baby - I also warn the first time mothers about this. Because they can be very confident that adoption is going ahead for A, B and C, and they have no idea of the emotional reaction that they are going to have when the baby is born. It's something which you can't appreciate until it's happened to you."

Another social worker believed the emotional crisis arose from a need for the child experienced physically:

"It's a very difficult time. I think the whole body, you know, it's a physical thing, an instinctive, physical thing really. Your whole body is crying out to protect this baby."

(See Black, 1978, for an endorsement of this notion.) Another remarked upon the exhausting and destabilising impact of childbirth

"I think it's a very big, a tiring and emotional kind of thing that's happening to her. And the choice...And not only that, within the first couple of days, there's a lot of changes: emotional changes, hormonal changes which cause a lot of inner conflict...I mean somebody who waited 14 years for a child, for instance, and has that child and this is the happiest day of their lives, you find they are very much down and upset and mixed feelings about...and that's somebody that really planned for the baby. Somebody that is having to make the biggest decision she'll ever make is going to be feeling much more..."

This social worker perceives a connection between the delivery of the child, hormonal changes and emotional conflict. (See Rosengren, 1961, for a discussion of the relationship between the type of labour and the perception of biological reproduction as an illness; Stein, 1967, on the association of childbirth with emotional illness; and Breen, 1975, on 'adaptations' during pregnancy, labour and the post-partum period. See also, Oakley, 1980, for a general discussion of different 'paradigms' of women as baby producers.)

These are the feelings, claim the social workers, which mothers intending relinquishment are forced to deal with once they have given birth. Clearly such powerful emotion raises problems for women who face the prospect of separation from their babies, and for the social workers whose task it is to support them in their decision. These emotions have, in some way to be managed. First, however, we shall consider how social workers conceptualise relinquishing mothers who express no emotion.

Women who Express no Emotion

For all social workers, these women constituted a sociological problem and a problem for their own professional practice: it was often a volunteered topic for discussion in interview. Many experienced genuine ambivalence, evident through self-contradictory statements, as to what inferences about "internal mental states" could be made on the basis of visible external

behaviour: that is, whether the non expression of emotion indicated an absence or suppression of feeling (and see Douglas, 1970, for the importance of external behaviour for inferring internal states in the assignation of moral meanings to situations). The use of market metaphors by some social workers of those who expressed no emotion suggested detachment and self-interest: the profane in the place of the sacred:

"They're the sort of girls who go through with an adoption in quite a - I don't know if this is the right word - business-like manner."

"They sort of do it, go through it, don't turn a hair. They don't grieve, they just do it. It's a little bit like selling a property, you know."

There were, broadly, three interpretive repertoires regarding such women: those who deny feeling in a way which threatens mental health; those who deny feeling as a coping strategy; and those who do not hide or deny feeling, but simply do not have it.

Denial as a Threat to Mental Health

One conceptualisation of the problem of women who expressed no emotion was that they did, in fact, possess strong maternal feeling but hid it (repressed or blocked it off):

"I would assume that anyone with anything about them, you know...on the other hand, I have other girls who just won't - I've had a girl who's had two babies adopted.....she just wants to get herself pregnant and you never get any deeper than adoption: Take it away, I don't want to see it. I don't know what the girl...because she will never give. If there is anything there, I have never been able to get to it. That could be a failure on my part or it could be that she can just cope with it as simply as that. I can never quite...No, I could never 100% believe that she doesn't have some pain or some anguish. But she's just determined, the defences are up, and she

just...I can't fully believe it. And yet to the outside world and to anyone looking in, I am quite sure that it looks callous. Just the thought of seeing the girls go through traumas...I cannot accept fully, but then I could be wrong."

We see real deliberative thought here: on the one hand...on the other. Her dilemma is rooted in diverse observations, awaiting interpretation. Pain, anguish and trauma are the appropriate emotional responses. Coping without evident pain presents a real dilemma. She is aware that the social demand or expectation of emotion is controversial, that in this case it is a feminist issue and she prevaricates, considering all possibilities in a way which could also be viewed as having a rhetorical or persuasive function. Note that she does not consider the woman's behaviour as a response to the social definition of her second pregnancy as stigmatising. Gradually we see her settle for the thesis that 'true' feeling is behind the defences (an opposition of real and apparent), defining her own task as 'getting through them'.

"Well, I can't be 100%. I mean I would be as callous as anyone if I felt they weren't going to...so I'm quite sure there must be, I mean they can't just go through that to me. I mean - but this is personal - I just feel it's not possible. I can't be objective about it. I mean - who can be totally objective? I can't be sufficiently objective to think that that can just happen without some feeling."

Note the rhetorical use of the disclaimer here: she distances herself from (conceivable) charges of professional dogmatism by emphasising that her belief is "personal" and that she is not being "objective" (which she simultaneously dismisses anyway). It is also clear that maternalism is essential to a respectable and 'substantial' self: "anyone with anything about them" and the two references to callousness demonstrate this. Moreover, the very doubting of this sacred love suggests profanity. Having defined her position as personal and subjective, she has set the stage for resolving the problem of how to intervene. With reference to another client, she comments:

"There was apparently no attachment...never any emotion. A lot of work never got me any further on - she wasn't going to let me through. People have different ways of coping and what can we do?"

The phrase "different ways of coping" contains the key to the resolution of the practice dilemma. The social worker resolves for herself the limits to the nature and method of casework help by recourse to the social work principles of client individuality and client self-determination.

The same epistemological uncertainty: does indifference imply repression? elicits another working resolution from another adoption worker:

"They always leave you uneasy because it's something that you feel there should be a lot more emotion, more sort of give. It leaves me uneasy just in case it could come out in the future."

"I don't know whether [an absence of feeling] is normal, but one thing that's always very much on my mind is that these people have to be left as whole as possible to get on with their lives; and sometimes taking someone to pieces at a time like that does not always achieve perhaps what you might think."

These references to invisible unconscious activity with implied repression reflects the presence of psychoanalytical theories in everyday social work talk. Such theories are among the argumentative resources deployed by social workers to deliberate dilemmas, a constitutive part of their 'dilemmatic' thinking. In psychoanalysis, the notion of 'repression' is understood as a device "serving to protect the personality", but simultaneously maintaining a pathological condition (Freud, 1962:48-49). Here, therefore, emotion management is associated with the perpetuation of mental pathology. [The social worker can remain uncertain because the uniqueness of each client takes priority]. Moreover, the social worker perceives a conflict between two objectives: that of resolving suspected but unproven emotional disorders and that of attaining sufficient emotional equilibrium to cope adequately with life. She achieves a trade-off or 'priority balancing' through recourse to standard professional

values of individuality and self-determination (see Gammack's (1982) examination of the place of psychotherapeutic intervention during the crisis of a client).

Denial as a Survival Strategy

The second interpretive repertoire presents 'blocking out' as a useful and efficacious survival strategy. There is no challenge here to the notion of separation as cataclysmic:

"I think now that I can accept that for some women when something absolutely cataclysmic happens in their lives that's going to upset everything, they think quite logically that the best thing to do is to block out and to deal with it in this way."

This lends credibility and respectability to emotion by associating it with 'logic'.

"[By doing this] they can see that they've done what is right for their child and be at peace with that decision and avoiding emotional investment....The times that I was most aware of doing that were both concealed pregnancies, and wanted counselling at a fair distance, on a practical, dealing-with-realities level. So if that somebody's coping mechanism and they are coping adequately and seeing the thing through and moving on with their lives, what right do we really have to say: You shouldn't feel like that; you're a woman. You should feel something for you child? Because they are demonstrating coping skills."

The worker might or might not foresee problems for the future but since the client is "seeing things through" and getting on with life, she is judged to be coping adequately. The client is accorded space to establish her own agenda, her own requirements from the worker. This makes it unnecessary to insist upon probing for 'real' feeling. There is no attempt to "get through", and emotion work through "blocking off" or "avoiding

emotional investment" is not associated with mental ill-health but is seen as strategic for problem solving and to be supported through social work. Moreover, the social worker addresses the imagined criticisms (relating to feeling and cultural display rules) of some 'ghostly figures' (Benny and Hughes, 1956:140) and justifies the self-management of the mother. (This rhetorical flurry also incidentally collapses the distinction between real and expressed emotion and may indicate a contrary belief that some women do not feel.) The worker challenges the view that women who lack certain maternal emotions are either abhorrent (callous) or emotionally ill (repressed). Her statement also challenges any notion that the social worker has a right to determine what emotional good health consists of or dictate to a client what a "proper" mother feels, suggesting an intended moral or political function of this account.

Those who Lack Maternal Feeling

A third way of conceptualising mothers who express no emotion differs from the previous two in that it actually allows for them to have no emotion, which could be associated with emotional shallowness (with or without pejorative connotations):

"People without a lot of emotional depth obviously do find it easier"

"Some are less emotional about it. They seem to just have their baby and hand the baby over and get on with life, you know. There are a few like that....and they are lovely and easy. It's just something without complications."

Within this repertoire, the absence of emotion is taken at face value: there is no attempt to change the agenda the client presents.

In fact, here as elsewhere, there is actually a degree of uncertainty and ambivalence. For instance, this last adoption worker continues:

"Whether it carries on.....I think you tend to think with women like that, because it does seem such an enormous step that they are going to get a delayed shock reaction or something like that later on in life if they are denying themselves any sort of feeling. And I think there are people who just have less feeling, aren't there?"

Another social worker expressed her ambivalence thus:

"I don't know if it's repression. Personally, I think it's sad if you don't feel grief and you don't feel joy at some times in your life. One woman didn't feel the physical pain of childbirth either. Whether this was something that was just....I mean some people do have painless labour, and maybe she was one. But it may have been part and parcel of everything....Sometimes I think I can envy them a little bit, you know? I feel sorry for them because if that's one aspect of their life, then there's not going to be a lot of joy in it, is there? Even that can't bring it to the surface."

The speaker perceives a unity between physical and psychic experience, linking painless labour with lack of emotion, underlining the indebtedness to psychoanalysis. The worker also presents an ambivalent attitude to this apparent lack of emotion. She both envies and feels sorry for the client. It is possible that the declaration of envy represents what is essentially a political challenge (similar in function and purpose to that mentioned above) to rigid conceptions of appropriate motherly feeling.

It is clear that not only is there a certain confusion amongst professionals, and no clear consensus as to the appropriate display of emotion (ie ambiguous cultural display rules), but this confusion also exists with regarding to what ought appropriately to be felt in the first place by a 'good' and 'healthy' mother (feeling rules).

Conflicting objectives during the confinement period

However, most mothers did not fail to express emotion. The experience of powerful emotion by most mothers planning adoption was perceived as

creating a number of conflicts during the confinement period. The need successfully to implement the adoption decision required careful management of such emotion. But at the same time, healthy grieving for the subsequent loss of the child was considered by social workers to require a degree of 'knowledge' of the child. Furthermore, since 'normal' mothers experienced powerful maternal emotion, relinquishing mothers were required to convey their feeling for the child for the purposes of respectability. (Mothers had to present their adoption plans as resulting from their love of the child, whilst holding this 'love' in check.)

We have mentioned Hochschild's notion of 'feeling rules', which indicate that social encounters embody expectations not only of appropriate behaviour but also appropriate feeling (1979, 1983). 'Appropriate feelings' has a double meaning in the context of adoption. After the delivery of the child, emotion work may be carried out to induce appropriate feelings in the sense of socially expected and acceptable feelings (ie the feeling of maternal love, a sense of loss, of grief, etc). In fact, the evidence from this study suggests that in the hospital setting, 'cultural display rules' (ie normative expectations regarding the overt expression of emotion) permit considerable variety.

On the other hand, emotion work may be used to induce appropriate feelings in the sense of 'functional' feelings: that is, feelings which make possible socially expected and desired maternal behaviour (eg going through with the decision to surrender). Many, though not all, professionals (social workers and nursing staff) had expectations for both. That is, they considered it a moral imperative that the mother both feel and contain her feelings of desire for the child. Thus, some feelings (such as desire) were simultaneously expected. but inappropriate.

Clearly then, appropriate feeling is linked, though perhaps confusingly, to the objectives in hand. The objectives of natural mothers were either to carry through the decision to place with minimal pain and maximum ease (for example, Gill, Margaret, Carmel and Julia); to carry through the placement decision, but in the meantime satisfy a longing to 'know' or 'give' something to the child (for example, Gail and Liz); or to try to

alter the intentions of others that the child should be placed by developing a 'bond' with the child which could lend legitimacy to a plea to keep the child (in this work, possibly Gail and Liz, subject to interpretation).

The objectives of the social worker were slightly different. Where the woman had committed herself to adoption, the central task was to gauge how much contact with the baby and others she could tolerate, which would enable her to satisfy her longing for the child and reassure herself about its physical health, without jeopardising her placement decision. Where a woman was undecided or had begun to waver, the problem was to gauge how to prevent emotion from obliterating 'reason' which could lead to the 'wrong' decision. Similarly, where the woman had reversed a previous decision for adoption, as noted in Chapter 7, the social worker saw her task as 'testing' the extent to which reason had been interfered with by emotion, and to pass this back to the woman for reconsideration. (And, as seen above, where no maternal feeling was apparent, social workers had to decide whether to work on the woman in order to 'trigger off' repressed emotion.)

Much emotion work was carried out with the purpose of rendering operable a decision for adoption. Social workers and clients faced the task not so much of promoting a particular feeling but of inhibiting or suppressing unwanted feelings. The fear was that the woman would be engulfed by powerful feelings of love, desire and protectiveness for the child which would interfere with or even over-turn previously made decisions. Thus, it was the consequences of certain feelings which motivated professional and client alike to manage emotion. The fear that certain feelings might intensify (and ultimately become 'unmanageable') was linked to a fear that powerful emotion obliterated 'reason', making the 'right' decision hard to reach, as we have seen in Chapter 7 (see also Pochin, 1969:95,108).

Since emotion precludes realism, its manipulation becomes a moral imperative for the client and worker committed to reaching the right decision. The careful management of emotion could earn the woman vital

'space' in which to consider all possibilities 'realistically' safely outside what we have referred to as the 'tender trap' (see Gough, 1971).

A conflicting objective, however, was that of preparing the mother for a smooth and successful 'grieving process'. Several social workers believed their clients could be helped to cope with the loss of the baby, if they had had some 'knowledge' of the child, had been able to reassure themselves as to the welfare of the child and were able to feel they had given something to the child. For example:

"I always say that many people feel it's better to actually see the baby to reassure themselves really that they have a perfect baby - that's a very significant worry to a lot of people. And, also, they will have some memory, not just a complete blank."

"The experiences that I have had is that [seeing] is a settling thing. They are reassured that everything is alright. Sometimes, there is an awful lot of anxiousness afterwards that everything is not right."

These objectives, conflict since the first prescribes minimising contact with the child and constructing, to pursue the conceptualisation of the previous chapter, a minimal mother role, while the second demands an acceptance and 'embracing' of motherhood: the construction of a more elaborate mother role.

In contrast to social workers, mothers were less likely to express concern about the bereavement process and mental health. Julia had been warned by a midwife that it would be 'best' to have no more contact with her child than a brief glimpse at birth. Gill had been advised that it would be 'best' to have no contact whatsoever. Clearly, strong beliefs about the susceptibility of mothers to their infants' first moves persist both amongst medical and lay people alike: a belief, in short, in the decisiveness of early bonding (Klauss and Kennel, 1982, consider care-taking of the newborn infant to be the final stage of the bonding process). Carmel decided herself to have no contact with the baby after

birth. Neither these mothers, nor Liz and Gail, whom we know (Chapter 6) had extensive contact with their babies after birth, commented upon the relationship between these decisions regarding contact and subsequent experiences of mourning. All the mothers seemed satisfied with their contact decisions, save Fiona:

"How I bitterly regret not holding my son because if I had, I would have him here today."

This clearly presupposes the power of mother-infant contact for cementing the emotional bond.

Concern regarding the long-term mental health aspects of loss, in relation to knowledge of the lost object and tangible evidence of its existence and presence in or passage through the mother's life, seemed confined to social workers. The main concern of the hospital staff interviewed in this study indicates the priority given to the mother's own wishes regarding contact, with no mention of longer-term psychological issues. This again suggests that the presence of elements of thought from a psychoanalytical tradition remains, in this thesis, largely within the talk of social workers.

We should, however, qualify these observations of nursing staff. We noted in Chapter 7 that despite the declared intentions of midwives and nurses to give way to the mother's 'right' to make her own decision, some social workers believed actual nursing practice to favour keeping. Here, we should add that there seems to be some contradiction in the material gathered from social workers, nurses and mothers in that, whilst nurses and midwives emphasised the importance of the mother making her own decisions in all respects, several mothers (eg Julia and Liz) reported fairly directive advice from midwives regarding contact with the baby.

Emotion management and social work practice

So broadly, how did mothers and professionals resolve their dilemmas? As mentioned in Chapter 6, it tended to be where parental pressure for

adoption was most sharply exercised and filial dependence most acute that the new mothers had the most contact with the baby. It is possible that these women felt neither responsible for the placement decision, nor that they had to take responsibility for it, and this enabled them to behave in a way which conflicted with the plan to separate. As already observed, this could shade into a deliberate or subconscious strategy to sabotage parental plans by creating a visible bond with the baby.

Additionally, if we are correct in assuming that women attempted to inhibit intensified feelings of love and attachment for their babies because of the consequences of these feelings, namely that they could exacerbate the sense of loss or could overturn the previous decision for adoption, then one, at least, of these consequences could not apply where parental pressure was so decisive.

On the other hand, where a decision for adoption depended upon the wants and needs of the mother and where the parents and significant others were either opposed to adoption or non-committal, then a reversal of the adoption decision was a feasible possibility, and the need for vigilant emotion management critical for the implementation of the original decision.

This can be seen in Carmel's case. She had feared pressure to keep her baby and had, as a result, told few of her pregnancy and intentions. This in itself meant she alone had responsibility for creating the conditions which would enable her to carry out her wishes. Beyond this, however, during her pregnancy, those few she had told repeatedly expressed doubts:

"The midwife said: If you can stick your mind to it, if you've made up your mind now and keep to it, she said, I think it's a great thing that you're doing. And not a lot of people have the courage to do it. And people kept saying: Are you sure you can go through with it. And after a while I started to doubt myself that I could."

The management this required in hospital was stringently adhered to:

"I asked when the baby was born if they could take it away, so I wouldn't feel, so I'd have no ties or see him be born. So really, I have got feelings, but I haven't. It's sort of over and done with. My friend had just had a baby. I went to see her baby and never thought of mine. I kept my mind on other things. I sort of ignored the whole thing."

It is clear that the abrupt separation at birth was crucial:

"I never saw him. I heard him crying, but I never saw him, so he wasn't there beside me to say I've got a choice and I can keep him if I want...There's a girl, she had her baby beside her for a week after it was born; and it was adopted. I couldn't have sort of ripped myself away from it being beside me. So I made the break straight away...I can honestly say, like not being with, not holding the baby and not having the baby there with me a long time to sort of cuddle, now I have no feelings towards him. So I can't exactly say: Do I love him or not, or Do I have feelings for him or not."

We should note here, however, that such management of feeling and the resultant absence or weakness of feeling ("now I have no feelings towards him") is perceived by this mother as positive and strategic. These passages raise another issue, which we should mention in brief: the status of the interview as, simultaneously, a challenge to emotion management and a forum for successfully implementing it. The interview is more than a chance to tell the story: it becomes part of the story, a test. It is a chance to demonstrate 'courage' and emotional strength and at the same time a challenge to these. These passages do more than describe events at the hospital. They serve the purpose of conveying to the interviewer that Carmel does not have strong feelings for her baby, does not feel she wants him or suffers on account of him. There are provocative elements to this: as we have seen, mothers are expected to grieve upon loss of the child (and at the time of interview, the Court Hearing had yet to ratify the adoption plans); they are not expected to consider it 'over and done with' within weeks; mothers who have lost their babies are not expected to take solace in chatting to a friend who has her own newborn baby; they are

expected to find all references to babies painful and to be avoided. Through much of this, Carmel hovers on the border between respectability and unrespectability (see Douglas' distinction, 1970). She saves herself by explaining why she has no feelings, by conceding that she might have feelings, by emphasising that she could not have left her baby had she seen it. This conveys that immediate separation was essential. We see discussion of management strategies as part of a management strategy to control emotion and convey a particular image of the self.

We find, once again, that to resolve the dilemmas of practice arising from conflicting objectives, many social workers made recourse to a professional code of self-determination and respect for the individual:

"If [no contact] is the way they want to go about it, then we try to help them get rid of their feelings of guilt. If they feel very strongly that it's going to be easier for them not to see the baby, then it's up to us to help them do that without feeling very guilty..I think maybe if they haven't seen the baby - this is just a gut feeling - it could cause problems later on. That's my own feeling. I certainly wouldn't put pressure on them if they felt it was going to be too difficult..I don't think that at any stage you should insist on something which is obviously going to be very painful."

The social worker defines her own beliefs as purely personal and "just a gut feeling" rather than as informed by a remarkably consensual body of thought on bereavement, clearly influenced by psychoanalytic theories (see Paley's analysis of the relationship of theory to practice through interpretive repertoires in social worker accounts; see also Parkes, 1975; Peppers and Knapp, 1980; Smith, 1975; Zachs, 1978). Indeed, psychoanalytic notions were most evident in social worker talk about bereavement. Having defined her feelings as personal, the social worker is in a position to put into practice the social work virtue of self-determination. It is understood that to see a child from which one must part is "obviously" painful and difficult. Furthermore, not to have contact results in "guilt". This belief arises either from the observation that mothers

'typically' feel guilty; or from the idea that 'proper' mothers feel guilt in these circumstances, that mothers ought to feel guilt. Guilt is associated with a sense of abandoning the child, with its connotations of betrayal and lack of concern (unsurprisingly, guilt features as a central concept in psychoanalytical approaches to bereavement). In fact, it is essential for social workers and mothers to conceptualise adoption decision in terms which deny abandonment and emphasise planning and long-term concerns. This was reflected in one social worker's objection to the use of the phrase "giving the baby away":

"I always tend not to say "giving away". It sounds harsh to them. It makes the guilt stronger. So I always use the expression: Well if you decide to place the baby for adoption; or think in terms of 'parting' with baby. I think it's just a way of softening it a little bit. And you can say the wrong thing to a girl to reinforce guilt and anxiety. So you are trying to be gentle and not give her any reason for feeling worse."

(It should be noted, however, that the mothers in this study not only did not object to this phrase but also used it themselves!) As noted in Chapter 7, professionals emphasise the importance of a woman's 'own decision'. On the whole, social workers have a much stronger awareness of the context specific nature of the decisions made (though much less the context specific nature of emotion) regarding the future of the baby, than do midwives and nurses caring for the mother during the crucial period of confinement. However, both social workers and nurses emphasise the 'rightness' of the decision for 'them'. The first of these quotations is from a social worker, the second a midwife:

"I think it depends upon the person concerned, doesn't it? I mean some people are able to cope with things much better than other people. Certainly, at the end of the day, it is the person's decision what they feel they want to do. And it is part of my job to be sure that she has thought this through and decided that this is the right plan now for her."

"It's such an individual thing. Some have seen it: that's when they let their hearts rule their heads. They can't cope with adoption. Others can go up to the Unit every day and see the baby and still come away with part of it. I think it must be difficult but that's their way of handling it. There isn't one way. People are individuals...I think we have to reassure them that if that's the way that's right for them, then it's right for them. Not take the decision away from them."

Social workers tend to see contact not as a means of making a better decision, but as an aid to grieving. However, they emphasise self-determination at the expense of the recommendations of the literature: namely, establishing rituals or 'markers' which make the existence and passing of the baby more tangible and mourning easier (see Lewis, 1979b).

Emotion Management and Hospital Practices

It is clear that emotion management through manipulation of contact with the baby and exposure to the culture of maternity has been crystallised into a routine set of practices and procedures within hospital maternity units. Contact with the baby and other mothers appears always to be considered problematic in adoption cases.

Most hospital staff (social workers and midwifery and nursing staff) stressed the flexibility of arrangements. However, differences amongst hospitals did exist, according to the accounts of interviewed professionals, and these tended to be determined by such factors as architectural design and material resources (eg location of the Special Care Unit relative to the post-natal ward; the presence and number of single rooms); the 'philosophy' or ethos of the hospital (a multi-disciplinary approach tending to foster greater co-ordination amongst departments and the greater involvement of social workers); and, connected to this, the beliefs and initiative of 'key' workers in the hospital (eg Consultant, Director of Midwifery Services).

There are minor variations among hospitals, but typically the newly delivered mother is asked if she wishes to see her baby, and possibly if she wishes to know its sex. She will be informed that she can see the baby whenever she wishes, but that there will be no pressure on her or expectation that she should. The baby will almost certainly be removed to another, separate nursery. If there is one available, she will be placed in a single room, unless she specifically requests otherwise. She may be informed that if she wishes, she can tell other mothers her child is in Special Care due to illness. She may be advised that she can leave after 48 hours or even as soon as she wishes. These are what Lovell has termed the 'informal rituals', which mark her off as socially distinct and separate (Lovell, 1983:758-9).

The location of the baby after birth in the Special Care Nursery was explained, usually, in terms of its distance from the post-natal ward. This was important for emotion work, suggested the staff, in a number of respects: it meant that the mother would not "bump into the baby on her way to the toilet"; it meant that if the mother wished to see her baby, she would have to make an effort, a positive decision to do so; it meant that a woman would not be tormented by wondering whether any and every baby's cry belonged to her own. As mentioned, one worker suggested the arrangement enabled the mother to present herself to the other patients in a different role: as the mother of a sick baby. Some added that this practice was also beneficial because of the high staff:patient ratio in Special Care which afforded more attention to the baby.

Social workers and midwives defended flexibility on the grounds that each woman's needs were different. Implicit here is the belief that her needs should be respected and met (where possible). The needs appealed to are emotional rather than material or medical, and it is clear that the confinement period is conceptualised by all concerned as a major operation in emotion work. Indeed, what marks these women off from others passing through the maternity unit is that their 'passage', certainly after the birth, itself is constructed primarily as an emotional rather than medical event (see Kitzinger, 1962; Arms, 1975; Oakley, 1980, 1981, 1984 for accounts of the medicalisation of childbirth). Given a level of material

provision and adequate staff-patient ratios, practices regarding baby care, location of the mother and length of stay are determined by emotional considerations, except where there are medical complications. As one social worker said:

"Obviously, if they are ill or they have a caesarian, it's a medical thing rather than an emotional thing."

A midwife commented:

"People who are a bit archaic anyway, they thought it was a sort of punishment. That was always the way it struck me. It's much more humane now to separate mother and baby and to get the mother home as quickly as possible and then proceed with the adoption of the baby. I would discharge them the same day if the conditions were conducive."

Thus, the 'rites de passage' symbolised by the confinement period are differentially constructed according to expected outcome. Where this period does not embody a transition to social maternity, the hospital experience represents the breaking of the maternal bond, the rupturing of what is possibly society's most sacred relationship. Here, the medical character of the event pales to a lesser significance. The passage is now constructed around beliefs about 'normal' maternal feeling, maternal rights and self-determination. The woman who intends adoption is released from the medical and bureaucratic considerations which normally dominate the experience of most newly delivered mothers in hospital (see, for example, Breen, 1975; Oakley, 1979). This is not to say she does not engage with institutionalised practices, but rather that these are neither primarily medical in nature, nor do they override the individuality of each case. Rather, practices are responsive to the expressed and possibly changing wishes of the mother. Nursing staff appear to relax their control of and withdraw their responsibility from these women. Social workers have greater prominence.

Thus the woman planning adoption articulates with the hospital system in a way different from other mothers. Different expectations exist with regard to her role, her interaction with other patients, control over her movements. She is more autonomous. Nursing staff, particularly, are very wary of any suggestion that they may influence her decision, or even make it for her, emphasising the 'sanctity' of the maternal bond (within the language of individualism). A special care nurse remarked:

"The Ward staff tell them where the baby is and they know they can come and look at him anytime they want to. Sometimes they just want look through the window. It's entirely up to the mother. Nobody pressurises."

She is released from medical control and from membership to a maternity culture as it is sustained through the conversations, activities and rituals of maternity staff and mothers. She is "deconstructed" as a patient and left to decide whether or not to deconstruct herself as a mother, too (see Lovell, 1983). One midwife associated the current policy with humanitarianism.

Once again, considerably flexible 'display rules' can be seen to be in operation. So long as the mother's concern and anguish for her child are unquestioned, there is substantial latitude as to how she expresses these feelings behaviourally. We can see this, again, in terms of role-making or role construction. The symbolic interactionist account, taking its lead from Mead (1964), seems more useful here, given its emphasis on the interaction process in the shaping and modifying of roles. Furthermore, the tentative and shifting nature of the content of roles as they are negotiated through interaction seems particularly appropriate in this case, where confusion and guilt may make the mother particularly sensitive to the expectations of others.

The open-ended nature of the role of the mother who intends adoption could allow for considerable self-determination on the part of the woman, as accounts of official policy suggest. However, it could be precisely the vague and ambiguous nature of social expectations regarding the role which

endow the interaction process itself with a certain capacity to determine the mother role in a given case (see below for deviations in practice from the 'official line'). There is an additional complication here, Confusion concerning the role of the mother with no baby, further confers uncertainty regarding the nature of her role as patient in relation to the medical staff. A crucial feature of the medical staff in a hospital setting is their authority: they are expected to maintain order, offer advice, take charge (Breen, 1975; Oakley, 1979:ch6). Compliance is also expected. This professional role, however, is transformed where the newly delivered mother plans for adoption: routine is relaxed, advice is strictly not offered, control is loosened. Thus, the woman's role is subject to less regulation through normative expectations. (See Black, 1978 and Lovell, 1983, for the comparable experiences of woman whose babies die perinatally or through miscarriage or stillbirth.)

Despite some evidence that midwives advise against contact, when asked directly, there did not seem to be consensus among nursing staff as to whether the chances of rescinding the original adoption decision increased with the extent of mother-baby contact or not. Despite the different conclusions of the following quotations, however, it is clear that both pre-suppose the operation of a bonding process dependent upon mother-baby contact following birth. For example, a member of the post-natal ward remarked:

"Certainly. I mean a lot of girls have been adamant: My baby's going for adoption. As soon as they've gone through, delivered, heard the baby cry: Can I see the baby? I want to keep the baby."

And a special care nurse commented:

"But some girls come across and they change the baby and they feed the baby and you think: Ah! she's going to change her mind. But she doesn't. She says it's definitely going."

The 'official' and general nature of these professionals' accounts, however, should be remembered. They describe a broadly agreed policy which

has gradually evolved over time, or been established through inter-departmental agreement. It is difficult to gauge here (participant observation offers a better method) precisely how such a code of conduct is enacted on a day-to-day basis, or whether deviation from it occurs as a result of the a priori convictions of individual members of staff, characteristics of particular patients or more routine factors. Two mothers reported fairly directive intervention on the part of the midwives, encouraging no more than minimum contact with the baby. Additionally, a social worker in one hospital and a midwife in another were aware that the "hands off" policy might not readily be adhered to by some auxiliaries who, it was implied, lacked a certain discipline through the absence of training. They added, however, that auxiliaries tended not to have access to newly delivered women, so that hospital policy would probably not be undermined through them. One hospital social worker described the possibility of dissent thus:

"It's quite supportive, by and large. Midwives tend to be a younger group anyway and usually they sort of reflect society's views and we live in a fairly liberal sort of society - generally, at the minute, I think. I believe some people show very, very definite attitudes to adoption and I've heard it here and I find it rather disgraceful: "I feel that anybody who's and a baby who places it for adoption ought to look after her baby in the hospital." But it's not the practice of this hospital because the Head of Department does not believe that they should enforce things like that. So it doesn't matter what attitude they've got - hard luck. Because the attitude that we want is that they are flexible and allow her to make her own decisions."

One midwife addressed herself to the issue of whether nurses would encourage a mother to keep her baby, outlining a number of contradictions:

"No, I don't think so. It is difficult, particularly if they've got strong religious beliefs - it could be difficult for a member of staff. We were brought up and our whole training is geared up for keeping mother and baby together. Then we split them up and it's a bit alien to a midwife. But with my experience, I just weigh it up

and think: This baby is to go for adoption; and leave it at that. But it's just up to the staff, but really they've got to follow the rules laid down."

The overall increase in the availability of facilities and services for mothers in the delicate position of surrendering their babies, paradoxically, seems to have set in motion its own moral claims upon these mothers in a way which could be seen to militate against flexibility. A hospital social worker and midwife (in the same hospital, and one with comparatively generous provision) both commented scathingly upon relinquishing mothers who preferred to remain on a ward with other mothers, rather than take an available side room:

"She goes into a room alone unless she indicates she wants to be in a ward with other women. It does happen. They're on a side-ward initially and then they say: It's boring. 'Boring' is the in-word. And quite often she has to be moved to a bigger ward."

This seems to suggest that a relinquishing mother who prefers company to boredom and who is not unbearably distressed by the presence of babies and mothers in better circumstances is infringing an important feeling rule. This feeling rule could be summarised thus: a mother should not be able to give birth to and part from her baby without suffering, without it making a difference to her. Perhaps this represents a contemporary version of a punitive philosophy claimed by several interviewees to have been in operation in the past:

"At one time, it was a bit cruel really, because the babies which would go for adoption - they had to be looked after by the mother, which was a bit hard at the time. People who were a bit archaic anyway, they thought it was a sort of punishment. It was absolutely terrible, absolutely awful."

Nobody interviewed wanted (or would admit to wanting) a return to the punitive attitude of old where, it was believed, practices were designed to maximise suffering. (This is not to say some did not advocate more

mother-baby contact.) Yet most did want evidence of some suffering: they wanted adoption to carry its own deterrent effect. This suggests a certain ambiguity in the status of the relinquishing mother: she is compared favourably to single mothers who keep their babies (she has determination, a strong will, and so on), yet there remains some expectation of suffering: penance extracted for committing the sin of pregnancy outside marriage. One midwife associated ease of coping with a blase outlook:

"I suppose it's like a termination. Some cope with it quite well because it's a means of birth control and are blase. But others don't."

To conclude, we can see that maternal emotion is a force to be reckoned with. It is both expected, indeed an important factor in the claim to be a 'good' mother, but also problematic. It appears as virtually sacred, a central element of a sacred mother-infant bond (its absence denoting callousness, hard-heartedness); as a symbol of maternal mental health (its absence denoting sickness); and as a danger, a weakener of the resolve to do right, a temptation to do wrong, and therefore, requiring control. This wariness or fear of maternal emotion during the confinement period appears to be based, at least in part, upon an implicit subscription to the concept of a bonding which follows automatically and inevitably or 'instinctively' from mother-infant contact. Mothers were much less likely than professionals to perceive maternal emotion as a liability. Additionally, they tend to consider emotion management as a means of facilitating the grieving process rather than complicating it. This presumes emotion management effects either a prevention of feeling or its elimination, rather than its suppression.

On the whole, mothers spent more time describing feelings following placement, whilst social workers were preoccupied with facilitating the 'right' decision through emotion management during the confinement period. There were some exceptions, but generally, social workers believed their role in supporting mothers after the adoption to be minimal since clients either did not 'need' them or could not cope emotionally with contact with them, since they, the social workers, reminded them of their loss. No

attempt has been made to 'match up' the post-surrender emotional reactions of mothers with their pre-surrender emotion management techniques. There did not appear to be evidence that those who took advice to have no or minimal contact with the baby in hospital (for instance, Julia and Fiona), suffered any less afterwards than those who had greater contact. Moreover, it is impossible to say whether they would have reacted differently following separation if they had had greater contact (although Fiona suggested she would have reversed her decision if she had seen her baby). Both Gail and Liz surrendered children following full contact for some days and in response to parental pressure. The timing of the interview in the context of their trajectory through the adoption process was different in each case so comparison is difficult, though Liz, interviewed at the time of the Court Hearing, appeared more emotionally reconciled to her loss than did Gail (interviewed a year after the Hearing). Taking all this into account, and despite Carmel's association of her (lack of) feeling for her baby with emotion management techniques, the nature of emotion management during confinement appears certainly to be neither the only or even the principal determinant of the emotional reactions of women following loss of their babies.

CHAPTER 10: CONCLUSION

Introduction

This chapter is not intended to provide a systematic summary of what has gone before. Rather, it takes up the broad thematic issues raised in chapters 2 and 3 and considers the empirical findings in relation to them. The overall consideration of this chapter is the matter raised at the outset: namely, what can be learned about motherhood from baby adoption? We shall approach this by considering the following areas. First, drawing on the accounts of mothers, we shall look at the definitional processes through which choices about motherhood are constructed, and distil their central features. This process of defining the situation represents the immediate social context in which not only the meaning of motherhood in a given set of circumstances (and consequently structure of choices) is negotiated, but also where the mother herself comes to be defined. Second, we shall consider some of the most prominent characteristics of motherhood which emerge and the nature of the 'problems' which the pregnancy and impending motherhood are defined as presenting. Third, we examine the range of justifications for and motives imputed or avowed in explaining the motherhood choices ultimately made. This enables us to see the sort of circumstances within which motherhood is considered appropriate or inappropriate. Following this, we look more closely at one type of reason used to justify adoption: considerations of domestic economy. An analysis of the material conditions of single motherhood this provides us with a chance to examine ways in which broader social processes, predominantly political and economic in this instance, impinge upon the woman's definition of the situation and construction of alternatives. Next, we attempt to draw a connection between the identity of women as mothers in the event of adoption and the social identity of adoption as an institution. Finally, we outline some tentative suggestions for social work practice, and possible directions for future research.

Becoming a mother: definitional processes and decision-making

The analysis in previous chapters of empirical material has endeavoured to comprehend and convey the tension between the subjectively creative individual acting upon the world and the objectively given social structure constraining her. The daunting nature of these constraints has in no way prevented these mothers from adopting strategies and constructing courses of action with the intention of achieving their objectives and exercising control in their lives. By the same token, the creativity, energy and wiliness of their strategies and plans have by no means negated the force of these constraints. Neither agency nor structure can be obliterated from view. In this section, using the mothers' accounts, we consider the features and processes which characterise their situations as they 'solve' the 'problem' posed by the pregnancy. Part of this problem-solving process is comprised of 'defining the situation'. We considered the historical roots of this approach in Chapter 3.

Defining the situation entails identifying the most salient and significant aspects of the situation and attributing meaning to them. The identification of the 'problem' posed by the pregnancy emerges from these features and their assigned meanings. Likewise, the 'solution' to the problem lies in the structure of this definition. This may not be laborious or complex. An individual may identify as relevant merely the occurrence of the pregnancy outside marriage, which s/he associates with a loss of respectability, and see this as the 'problem'. The significant facts may point unanimously to one outcome rather than another; conversely, they may embody alternative solutions. For example, Gail's father defined her teenage pregnancy primarily as a threat to family respectability. Since he learnt of her pregnancy only in the eighth month, abortion could not be considered. Adoption was the only solution to remove evidence of this stigma. On the other hand, Julia's parents were very concerned about their daughter's capacity to cope with a baby in the wake of abandonment by her lover and eviction from her home with him. Equally, however, they considered the fact of her relinquishment four years earlier of a first baby and feared the emotional consequences of another loss. Defining the situation thus created a genuine dilemma: at first adoption

and keeping appeared equally problematic. The process of definition therefore carries within it a structure of choices.

A number of points arise when considering this definitional process. First, different types of features were identified as salient. These included such factors as the availability of housing, the level of benefit, the nature of the local labour market; and the availability of services to pregnant women: abortion, social work help, sources of information. Biographical factors were also brought into play: the woman's past history, her age, personal resources and emotional response to the pregnancy, the family's record in dealing with previous crises. In addition, chance factors could be included here (an accident, the death of a relative etc). Both the objective features of the situation, be they complex institutional processes of a national character or the simple 'chance factor', and the meanings assigned to these are crucial determinants of social action.

Second, the definitional process, because of its social character, is a continual one. This arises not merely in response to changing circumstances (for instance, an abortion refused) but also since a definition, to be influential, must be communicated. This opens it up to the process of criticism, justification and counter-criticism. Meaning is thus worked out in encounters and tentatively agreed upon, but never fixed. Definitions are likely to shift ground and become more elaborate as they encounter the definitions of others. (For instance, Carmel felt she didn't want a second child. Some of those she told accepted this, but challenged her ability to go through with adoption. She began to doubt herself and, in response, considered with her sister all the implications of keeping, convincing herself on broader grounds of her wish to surrender and where appropriate presenting her new account to others.)

This brings us onto a third issue: the location of power in the network of relationships with significant others. Some individuals may have more power than others to impose their definitions (see, for instance, Scheff, 1968). Gail's mother defined the emotional cost to her daughter of adoption as a significant feature of the situation, but her husband did

not. Gail hinted that she might have been able to resist adoption by appealing to her mother but that this would have resulted in a family rift, leaving her with an even greater sense of responsibility for the crisis her pregnancy had occasioned. (Here adoption appears as damage limitation, as opposed to a constructive approach to the future.) The concomitant consideration is that of the autonomy/dependency of the daughter on her parents which we looked at this in detail in Chapter 6.

This leads to the question of the objectives of women and the strategies they could deploy in an attempt to achieve them. As we pointed out in Chapter 3, mothers had objectives of two kinds: first, to secure the preferred outcome of the pregnancy; second, to maintain or restore their own moral worth or respectability. These had implications for each other. For instance, each could serve as a strategy for securing the other. (Carmel hid herself at home away from friends and arranged adoption quietly, as a means of preventing her reputation suffering as a result of a second illegitimate pregnancy. On the other hand, Sam presented herself as responsible and thoughtful, in order to justify her wish to keep her baby.) However, women adopted other strategies to secure their objectives. These included: the timing and management of information, and concealment, secrecy and deception; the provision of competent accounts to specific audiences justifying and explaining actions; denial; emotion management; seeking or avoiding professional involvement and taking or rejecting advice; establishing tactical alliances; and, not to be forgotten, inaction: doing nothing.

At this point, we should consider the related matters of coalitions and collaboration. As the above suggests, other people were critical in the woman's trajectory through pregnancy. Others could confirm or reject her definition of her situation and her definition of herself; they could accept or dismiss her proposed 'solution'; they could offer or withhold both emotional and practical resources and support; they could help her (or not) to make her decision and to implement it (as well as to live with it). Where a lover rejected her definition of the relationship, courses of action depending upon him were eliminated (eg Fiona, Carmel). Women could sometimes create temporary alliances or coalitions with significant others

to secure objectives. Sam and Julia used sympathetic social workers tactically against parents. The outcome of Liz's first pregnancy might have been very different in the face of the combined hostility of her deserting lover and his mother, had her own mother not moved to defend her preference for keeping the child. Not all such coalitions are successful, however. Even with her mother's support, Liz could not persuade her baby's father to carry out his promise to marry her.

In contrast to collaboration, an individual may avoid contact with others, ploughing a course alone. The management of others sometimes consisted of excluding them from the situation by withholding information. This could be done by concealing 'the facts' or by outright lying. Here we see that even apparent inaction is devised as a course of action orientated towards the anticipated responses of others (Mead, 1964). Concealment appeared successful as a strategy only where adoption was intended: Carmel kept from many friends and family members both her pregnancy and plans to relinquish. On the other hand, Gail and Liz concealed with the hope of keeping their babies, but failed in their attempts.

The character of motherhood and the 'problems' posed by pregnancy outside marriage

The first thing to note is the public nature of motherhood (as suggested by Macintyre, 1977). Motherhood is a 'public issue' as well as a 'private trouble' (Mills, 1959). This is so not merely because of the social rights conferred by motherhood (eg to health care, housing, social security), but also because of its relevance for identity.

Social workers defined motherhood as a status and activity affecting the interests of many parties. They grasped the public nature of motherhood, both through acknowledging the power of the community and the family in particular to define the mother's moral character and through their construction of mothering as an activity ultimately subject to state surveillance and control. This arises from the linking of motherhood with children's needs and defining children as the responsibility of the nation as well as their families (and the precise boundary between state and

family responsibility is politically negotiable. See, for instance, Freeman, 1983; Anderson and Dawson, 1986). Motherhood is seen both by mothers and social workers as a vehicle for the meeting of children's needs. Definitions of these needs could be different or, at least, vary in emphasis: for material stability, for two parents, for commitment and continuity, for family acceptance and membership. Social workers queried the emphasis placed by some mothers on material needs or, more precisely, on the level of material provision. In particular, both mothers and social workers indicated that material factors become more central in defining children's needs among older women, especially those who already have a child. Social workers also queried the declining significance accorded to two parents by clients, and some challenged strongly the alleged need of children for their own mothers and families.

Motherhood is also a family affair. This takes on a specific dimension when the pregnancy and motherhood occur outside marriage since both its economic and reputational implications are likely to be more marked for the mother's family of origin (and we shall return to these issues shortly). If married motherhood appears located within the nuclear family (see, for instance, Oakley's 1979 account of becoming a mother), here unmarried motherhood appears to reinforce ties within an extended family. In the sample of mothers in this study, choices about motherhood did not fall primarily within the province of friends, work colleagues, professionals, or even, in most cases, of putative fathers. Choices about motherhood were a family matter. The mother's 'decision' depended decisively upon the nature of her relationship with significant family members. Her capacity to pursue a particular line of action depended upon either their collaboration or, alternatively, her relative independence from them. Thus, the material and emotional structure of the family (as a network of significant relationships) is a determinant of the opportunities and constraints through which the mother can construct alternative lines of action.

However, this does not tell us what the 'problems' presented by pregnancy outside marriage are. In the cases of the women in this study, consideration of placement for adoption constituted a response to three

types of problem posed by pregnancy. These problems were: the actual or potential loss of respectability; the economic status conferred by motherhood and the need to determine liability; and, broadly, non-economic 'unreadiness' for motherhood.

Beginning with the issue of respectability, we saw that women experienced challenges to their respectability which arose from: a) engagement in sexual activity outside marriage (Gail); b) the occurrence of pregnancy outside marriage (Fiona); c) the occurrence of a second pregnancy outside marriage (Carmel); d) proposals to keep the child (Liz); e) proposals to surrender the child for adoption (Jenny). Additionally, the respectability of the family as well as the mother is likely to suffer as a result of illegitimate pregnancy. Illegitimacy has a contaminating effect. Some parents (such as Gail's) see this as reason alone for surrender.

Women responded with coping strategies which entailed resistance to or deflection of the threat, others acceptance and compliance (in the terms of Breakwell's approach, 1986). The variability in the moral evaluation of the position of these women demonstrates the contestable and negotiable nature of respectability in the sphere of motherhood outside marriage. This suggests the weakening of the distinction between the married and the unmarried which Macintyre sees as pivotal in the 'construction of "instinct"' (Macintyre, 1976a; 1976b). A broader account of this would observe the increase in the rate of illegitimacy, the increase in the number of lone mothers, and the growing popularity of joint registration following birth and of cohabitation (see Millar, 1987; Kiernan, 1990; Appendix 1, Tables 5, 6, and 7).

The ambiguity in the position of a woman considering adoption can be understood through the threat to identity stemming from new group memberships (Breakwell, 1986; Baker, 1989). The single pregnant woman by virtue of her pregnancy outside marriage has joined a social group which is socially denigrated though, of course, the social value placed on such a group is rather contradictory. The negative value assigned culturally would indicate that a choice for adoption could serve as a strategy for restoring self-esteem and continuity: by removing the visible evidence of

one's motherhood and extricating oneself from the denigrated group (unmarried mothers). On the other hand, the relative acceptability of single motherhood (the other side of the evaluation coin) and the high cultural value placed upon motherhood and the mother-child relationship suggests that the voluntary surrender of a live baby could be regarded as renunciation of membership of a valued social group (mothers - though see Baker, 1989, for a discussion of the contradictory value placed upon motherhood per se) and new membership to a socially disapproved group: mothers who abandon their babies. This can be regarded as a threat to self-esteem and continuity.

When we look at the definitions amongst the mothers in this sample, we see that there is no uniform or consensual definition of its implications for respectability. Gail's parents defined her pregnancy as a calamity for her own and the family's reputation. Adoption was the 'solution' to this: the meaning of adoption in this negotiated definition was as a restorer of respectability, at least in part through the removal of much of the evidence of stigma. On the other hand, Liz's mother acknowledged, but immediately dismissed the stigma of unmarried motherhood: this stigma carried no implication for action, but rather was acknowledged only as the definition of non-significant others.

Second, motherhood has implications for the family as an economic unit. The assumption of motherhood in contemporary Britain is associated with temporary (or even, for some, permanent) withdrawal from the labour market (Martin and Roberts, 1984; Sharpe, 1984). The husband/partner's wage supports the family unit. We shall consider in greater detail the conditions of single motherhood later in this chapter. Our point here, however, is that where a mother is alone, her economic dependence upon her family of origin is likely to be greater. What is at stake here is 'liability'. The question of the liability to maintain the child has been addressed by policy makers over centuries. Within marriage, the matter is clear-cut: liability falls to the husband-father. By contrast, outside marriage, questions of liability may be contentious. Over time, liability has shifted among the state, the woman, her parents and the father of her baby (Henriques, 1967; Finer and McGregor, 1974; see also recent

Government proposals to enforce maintenance payments by fathers, New Statesman and Society, 1990). In this study, in the accounts of both mothers and professionals, we see how the mother's economic vulnerability (even powerlessness) makes her survival as a mother a family concern. Where the mother has been living with her parents (as all the women here who were pregnant for the first time), decisions must be made concerning whether a woman can and ought to survive as an economic unit with greater independence from the family and reliant upon state provision, or whether she should rely upon what, in another context, has been termed 'community' (family) care (Walker, 1982). In no case was the mother expected to support herself and her child independently from both family and state. Motherhood thus confers a new economic status upon the woman in her family. Margaret was the only mother to espouse a 'cycle of deprivation' thesis, and defined adoption as an institution which functioned to break the emotional and material deprivation engendered by cyclical single parenthood.

The third type of problem represented by the pregnancy consisted of the woman's feared lack of readiness, in some respect, to take on motherhood. This represents a mismatch between the occurrence of pregnancy and its biographical context. For instance, Kay's physical dependence upon her parents following a car crash challenged the feasibility of assuming (social) motherhood. Sam's father challenged her ability, at 16, to make a lasting commitment to her baby. Social workers mentioned other aspects of this problem, for instance, where the woman had educational or career plans. Nurses also cited this as a possible (and acceptable) constraint upon keeping. In these cases, adoption served as a means of removing an interruption to the 'normal' course of things.

Acceptable motives and motherhood choices

In chapters 2 and 3, we observed the significance of motherhood as a defining feature of a woman's identity, the evaluation of which would carry implications for her respectability. In view of this, it was claimed, the accounts a woman provided for her choices about motherhood would constitute part of a strategy to maintain or restore her respectability. We argued that the functional and situation specific

nature of much talk, as well as the centrality of motherhood in women's lives suggested the importance of broadening the analysis of empirical data - largely interview talk - through deploying a range of conceptual tools which could address its rhetorical aspects. These concepts were then applied in the analysis of the empirical material.

Rather than attempt a broad evaluation of the concepts deployed, which space does not permit, we shall, in this final chapter, take up again Mills' (1940) concept of the 'vocabulary of motives' (see Chapter 3 above), to analyse the explanations and justifications offered for decisions taken. This concept has been used elsewhere in studies of motherhood (Macintyre, 1976a, 1976b). It has the advantage of permitting distinctions to be made among those imputing or avowing motives, among those for whom motives are imputed, and among circumstances in which motives are avowed or imputed. We have seen that there are a range of acceptable motives for keeping or surrendering a baby which mothers and social workers avow or impute. What counts as an acceptable or unacceptable 'reason' for surrendering (or keeping) a baby, for whom and by whom and when, is itself testimony to the cultural construction of motherhood in our society. In this way, the rhetorical function of motives is seen to tell us something about the culture in which individuals are enmeshed (Taylor, 1972:25). The range of reasons offered and the degree of their acceptability tell us how motherhood is made sense of and what the appropriate conditions for social mothering are.

Justifying the decision: mothers

Arguments in favour of adoption may be framed in terms of the difficulty of mothering in the context of financial and material hardship; consideration for the interests of others, including the child; dangers to the child envisaged through scenarios of failure: inadequacy as a mother through lack of maternal love, or the danger of maternal violence. Also such arguments deployed constructions of motherhood as a job of work where the labourer is dispensable, and as a deprivation of liberty. On the other hand, adoption could be constructed as a route to material provision for the child; as a mechanism for breaking a cycle of deprivation associated

with single parenthood; and as a context within which the labour of mothering can be carried out successfully.

Arguments in defence of keeping could be constructed in terms of the uniqueness and specialness of the mother-child bond: 'a part of me' which connotes belonging, union and inseparability; the importance of family unity or integrity; a discourse of 'heroism', dedication to the prize and struggle against the odds; characteristics of the mother: the possession of certain mothering skills and the capacity to reflect rationally upon long-term implications.

There are a number of observations which can be made. First, drawing upon the analysis of Sykes and Matza (1957), we can see that such motivational accounts establish a continuity of values between the deviant and non-deviant world. Mothers and social workers justify the decisions of the former by making appeal to commonly-held values: the best interests of the child, realism, maternal self-sacrifice (for adoption); and the irreplaceability of the mother-child bond, family integrity and maternal self-sacrifice (for keeping). This compares with the moral traditionalism found by Macintyre (1977) among the women in her sample. Of course, the nature of deviance in the adoption process is ambiguous. Single motherhood, as argued above, is both stigmatised and tolerated, even condoned. Adoption is a comparatively rare course of action which can be (and is) construed as both unforgivable abandonment and laudable self-sacrifice.

Second, we could broadly (though not exclusively) draw a distinction between vocabularies of motive in defence of adoption which can be seen to belong to the realm of the 'profane' (for example, where motherhood is viewed as labour, conjuring up associations with profit and property) and those used to justify keeping which pertain to the 'sacred' (where, for instance, the specialness and irreplaceability of the mother-child bond is invoked). Indeed, underlying this 'sacred' dimension rests a construction of motherhood as essentially inalienable, whilst arguments justifying adoption draw on a notion of motherhood as alienable. This dichotomous construction of motherhood has emerged in another area of choice about

motherhood. Chesler examines the 'Baby M' 'surrogate motherhood' case in America (and additionally, demonstrates the significance of existing political groupings with media access for the manner in which public reasoning can be lifted into a political debate of national consequence). Mary Beth Whitehead, who sought to withdraw from the surrogate arrangement after the birth of her daughter, alienated both the feminist lobby through her appeal to the centrality and sanctity of biological motherhood, and right wing moral entrepreneurs through her signing of the surrogacy contract in the first place. Chesler claims that pressure was ultimately brought to bear to achieve a change in legal interpretation (in the New Jersey Supreme Court some 2 years after the child's birth) through an alliance of the Catholic hierarchy (defending the sanctity of personhood against encroaching commodification) and converted feminists (enraged by the power of men to control both the legal process and definitions of respectability and good mothering) (Chesler, 1989).

In the main, justifications for adoption were spelt out at great length, paying greater attention to the details of the situation. Justifications for keeping, though considered necessary once a woman had embarked on an adoption career, appear to be considered easier to negotiate.

Fourth, justifications for adoption are more likely to be 'baby-centred' (by which we mean appealing to values centring upon the needs and interests of the baby) than are defences of keeping. For instance, "what's best for the baby" occurred in accounts defending adoption, whilst mother- or family-centred invocations such as "it's a part of me" and "its one of ours" occur as part of a rhetoric of keeping.

Fifth, (with the exception of Jenny who was pressured into keeping) the accounts of mothers defending adoption were more likely to make reference to extraneous forces or external constraints (such as parental pressure, physical dependency, poor material provision). More broadly, justifications for adoption could make reference to the absence of certain 'enabling' conditions, including the mother's immaturity or failure to bond emotionally.

Some constructions of motherhood (for example, as a job of work) do not appear to be tied to groups so much as to circumstances and it is for this reason that we have, in this concluding discussion, avoided referring to them as 'social representations' (see Chapter 3). On the other hand, a construction of motherhood as an economic burden did arise particularly among the second-time mothers.

In view of these observations, it appears that different vocabularies of motive exist for the two courses of action. This suggests that only certain sorts of motive are considered acceptable in each case. For instance, justifications for both decision may invoke considerations of material conditions, but they are framed quite differently. A defence of keeping deploys a concept of motherhood as heroic endeavour; a defence of adoption makes recourse to ideas of realism. Both the capacity to struggle on in adversity and realism can be seen as contrary values which can be appealed to in the context of debates about motherhood (Billig et al, 1988).

Justifying the decision: professionals

We have so far focused upon the accounts of mothers. We should now include those of professionals. Social workers tended to view any reason for relinquishment sympathetically, but not all reasons for keeping: that is, there were more acceptable motives for relinquishing than keeping. Decisions for adoption could be described as 'realistic', where decisions to keep almost never were. Further, a decision to keep could be viewed as irrational. With one exception, where the mother expressed no emotion (see below), a decision for adoption never was. In this way social workers had a 'preference' for adoption.

While mothers invoked external constraints as explanations of adoption, professionals were equally likely to make reference to extraneous forces where a mother chose to keep. Many believed family pressures to keep could be decisive, although they regarded family support as a necessary (though not sufficient) condition of keeping. In fact, some social workers went so far as to allege the operation of a 'system' of cultural beliefs and

practices concerning motherhood which could be described as an ideology, and which made it difficult for women to reject (social) maternity following delivery. This 'ideology' presented motherhood as unproblematic regardless of circumstance, held that mothers and babies belong together and suppressed the disclosure and expression of doubt and misgiving. By contrast, the social workers observed as part of their routine professional lives precisely how problematic motherhood can be. Motherhood for them thus became less taken for granted, less a natural given and more a matter of calculation (if not choice) requiring professional intervention. Here adoption workers appeared to consider themselves more perceptive than other members of society. Indeed, it is possible that adoption workers could be seen as 'deviant' in this respect; their work represents a cultural practice which challenges the coinciding of biological with social maternity by challenging the desirability of motherhood at the point of birth (rather than at the point of contraception or abortion). Some certainly considered themselves part of a subcultural minority. For instance, several social workers thought their work regarded by many as 'dirty' work and believed that many nursing staff considered adoption to be a form of baby-snatching, an unnatural separation of mother and child. No one interviewed in this study expressed this view themselves.

Where mothers came from poor communities and were considered to have barely adequate parenting skills but chose to keep their babies, social workers imputed motives of two distinct types. One account considered the decision rational given certain social constraints, the other imputed a subrational, involuntaristic motive. (This use of involuntarism is narrower than Taylor's (1972). Taylor equates involuntaristic elements with extraneous forces. Here we refer to intra-psychic factors.) In the first account, keeping in bleak circumstances was associated with family pressure to keep. This pressure was defined as a feature of the woman's objective situation which she must consider carefully in the making of her decision. Some social workers expressed the view that not only were the practical aspects of family support essential in the calculation but so were the moral definitions of families - and also communities. These workers considered that women had to take into account the moral

definition of their decisions - whichever way they went - provided by the family and community. This suggests a firm grasp by these social workers of the social nature of identity and the social nature of action.

In the second type of account, social workers moved beyond external constraints, and provided explanations which imputed involuntaristic motives (see Deutsche, 1947, for an example of a psycho-dynamic vocabulary of motives in explanations of motherhood). Although the mothers themselves made no reference to unconscious compulsive forces to account for decisions taken, involuntaristic elements occurred in some social worker explanations where a 'deprived' woman chose to keep her baby, and to a lesser extent, where a client had had repeated illegitimate pregnancies. Here, handicapped by poverty and (according to professional interpretation) distorted emotional relationships with her own parents, women kept their babies because they wanted 'something to love them'. This suggests that some groups of mothers had greater difficulty in establishing the acceptability of their motives than others. While a decision to keep justified by love and desire for the child might be acceptable in other cases, here it could be interpreted, not as a sufficient ground for keeping, but as a symptom of psychological disorder. Likewise, although social workers considered family integrity an important indicator for keeping (as we mentioned in Chapter 7, where there were siblings, a steady relationship with the father), the appeal to family unity by some working class families (it's one of ours) could earn professional contempt. This reinforces Taylor's point that some populations find their offered motives rejected and have to 'negotiate' much harder to justify a proposed action (1979). Thus, we find that the actions of some mothers are considered virtually irrational, and a deterministic vocabulary deployed to explain them. (This is, however, a far cry from the blanket determinism inherent in Young's approach (see Young, 1954 and 1966, and Chapter 2 above) which gained significant credibility in early post-war America.) The point here is not that social workers are, some would say sensibly, wary of 'deprived' mothers, but that different motives are imputed to them, distinguishing them from other mothers.

Although social workers are more likely to describe as realistic a decision to place, they emphasise the desirability of realism in a decision to keep. Mothers are more likely to justify decisions to place as realistic (by making reference to the notion of 'coping'), but less likely to justify keeping as realistic. Nursing and midwifery staff defended a mother's right to make her own decision. Their construction of motherhood was as a status conferring rights which could be given up only voluntarily.

Maternal emotion is considered a motive for keeping by social workers though often an unacceptable one. Emotion could be considered as a transformer of events, where a mother would be empowered to grapple with the difficulties of single parenthood. It could be considered to facilitate the 'true' decision. But, more likely, it was considered a distorter of a clear vision of the situation, merely a weakener of resolve. Here, we see maternal love as a danger to the child. Both here and in the context of a constraining 'system' of beliefs and practices, keeping could be conceived as little more than a failure to give up. Where this was so, the motives offered by the client have failed, according to the professional perspective, to justify the action. Thus we see that those who reverse a placement decision following delivery constitute a second group who have to negotiate much harder to have their 'reasons' accepted by social workers.

We should consider also which vocabularies of motive are absent. No recourse is made to questions of morality or immorality. No one suggested a mother should surrender her child because pregnancy outside marriage per se indicated her status as a morally unfit person to raise a child. The decline of this vocabulary and the battles which took place over it have been traced through the twentieth century (see, for instance, Hall and Howes, 1962:chl; Ferguson and Fitzgerald, 1954; Young, 1954; Wimperis, 1960). Likewise, there was no suggestion that decisions should be made according to the state of the baby market. Elsewhere, in certain academic analyses, adoption decisions are construed in the language of a classical liberal political economy (see Landes and Posner's (1978) call for the removal of restrictive practices, and Prichard's (1984) critique of the

market analysis). These constitute part of a North American trend towards constructing motherhood as a form of economic production (see also Chesler, 1989, and Morgan, 1989, for analyses of such an approach to surrogacy).

The place of motherhood in women's lives

In none of the case studies, was a decision for adoption intended as part of a general life-strategy for avoiding motherhood (see also Macintyre, 1977). Babies were relinquished because a highly particular set of circumstances was considered antagonistic to motherhood. Neither did reported parental definitions embody any notion that motherhood per se was to be rejected. The rejection of motherhood did arise in professional accounts in the acknowledgement by some social workers that some women do not want children "and do not have maternal feelings". In the majority of accounts, social workers took it for granted that rejection of motherhood per se was not the intention of a given decision for adoption. Midwifery and nursing staff could draw upon the concept of 'rejection' (a failure in the bonding process) to account for a mother's lack of desire for her child, but again this tended to be seen as situation-specific rather than a quality of the mother, let alone a challenge to the appropriateness of motherhood in women's lives. Social workers tended to view relinquishment decisions as postponing motherhood and regarded the prospect of no further children as a grave and undesirable possible consequence requiring serious consideration. Such a consideration could in itself count as an acceptable motive for keeping. This suggests a certain ambiguity within social work thinking on the role of motherhood in women's lives: a feminist challenge to its universal centrality is not entirely absent from social worker talk.

There are limitations in the analysis of such motives in this research. The researcher is dependent upon the accounts provided by informants in the context of an interview, in the presence of an interviewer. Therefore, accounts given to other audiences in other contexts are merely reported, and reported in a given social (research) setting. This has resulted in

fairly clear distinctions being reported between motives avowed over two pregnancies (to the same woman), but a much less clear picture of the effect of different audiences on a woman's self-accounting. Despite the difficulties inherent in the approach, participant observation, in combination with other methods, could overcome some of these difficulties. Furthermore, it is important to remember at this point that all the women interviewed were single, and professionals gave accounts primarily of cases of single women. Where married women were mentioned, they were believed to be considering adoption because of the conception of their babies outside marriage. Macintyre (1976a) has described different vocabularies of motive for married and unmarried women regarding the outcome of their pregnancies. It is reasonable to expect that the justifications for adoption or keeping are likely to be different for married women, and dependent on the baby's paternity. We should also bear in mind that the views of those who do not engage with the adoption process (either directly or indirectly) are omitted from this research (as in most adoption research). Thus it is possible that the view that adoption constitutes a threat to the family or that it is inherently 'a bad thing' (for instance) may be under-represented.

We have, however, been able to establish certain vocabularies of motive deployed in the context of baby adoption. It has been suggested that these can be categorised according to the decision taken (ie adoption or keeping), according to the status of the woman (whether she is already a single mother), according to group (social worker or mother), and within group (different categories of mother). One significant factor seems to be the differential acceptability (to social workers) of motives offered by different categories of mother. This appeared to be related to the poverty and 'deprivation' of these mothers. However, the approach this thesis has adopted fails to establish precisely which circumstances warrant which motives according to the professional. Analysing described cases has gone some way to alleviating this shortcoming, but a possible direction for future research would be to try to tie precisely sets of circumstances with acceptable and unacceptable motives.

The material construction of motherhood

One striking feature of the data gathered from the mothers themselves is the distinctiveness of those accounts presented by the two women who were already mothering one child but had placed a second baby for adoption. Their accounts stressed material factors, such as finance, employment and childcare, which were discussed in an articulate, lengthy and detailed manner. These women presented a clear picture of the constraints operating upon them. A desire to earn a reasonable income through paid employment could not be satisfied: this route was blocked through the inflexibility and low wages of much paid labour and the absence of affordable, accessible child care. The alternative, reliance upon state benefits, sank them into dependence upon an enforced poverty-level income, whose conditions of receipt entailed inflexibility with regard to its improvement (ie limited earnings disregard) and intrusive questioning, even surveillance, and which was barely able to meet weekly basic needs; long-term dependence upon this was daunting indeed. These mothers knew not only the factual details of entitlement, but also its meaning: going without, denial to self and children, social exclusion through restricted participation in social activity and the stigma of the 'undeserving' (see also Millar, 1987).

The impact of material deprivation upon the adoption decision was mediated rather than direct. Liz's parents threatened to cut her off if she did not comply with their wishes to let her second baby go. Carmel's response to her second pregnancy was depression. She did not think she would 'cope' and doubted her maternal feeling for the baby. Liz deferred to the view of her parents: a definition of the material impossibility of keeping the child. They had neither sufficient income, nor the physical strength to care for the children to free Liz to make her own improvement to the family income. Carmel's sense of her own independence, which had enabled her to keep her first child and to manage her meagre income to good effect, itself made it difficult for her to ask for family support. She stressed the laborious and and repetitious nature of many daily routine mothering tasks on the one hand, and the impossibility of levering herself out of benefit dependent poverty into paid employment on the other. The additional labour and effort of mothering a second child was not

recompensed by tangible rewards, but rather seemed to push these further out of reach.

It seems likely, therefore, that some mothers are losing their children through poverty.

Income maintenance, employment and childcare

The accounts of these two women, but also those of other mothers who had kept their children, furnish descriptions of the lived experience of single parenthood and single motherhood. In the early 1980s, lone parent families (this includes the widowed, divorced and separated) represented 13% of all families with dependent children, but 47% of all such families on Supplementary Benefit (Millar, 1987). Lone parent families are over-represented amongst the poor. Moreover, the percentage of these families on or below 140% of the Supplementary Benefit level increased from 50.6% in 1979 to 60% in 1983 (Millar, 1987:160). Additionally, lone parents remain in poverty longer than two-parent families. According to a study by the Family Resources Group, this is strongly associated with the capacity of two parent families to earn two incomes (cited in Millar, 1987:163). Single parent families do not have the opportunities for dual income earning or division of labour which two parent families have; the lone parent is the only potential household earner, domestic labourer, carer and nurturer. Yet the necessity for a second income to help many families escape poverty has been noted (Hammill, 1978; Rimmer, 1980).

A variation on the two parent strategy of dual earning and division of labour may occur where the single parent shares accommodation or has close economic ties with another household. We mentioned above the implications of motherhood for the economic status of the woman in the family. Indeed, lone parents are more likely to share housing with others than are two parent families (see Millar, 1987). In the current study, all but two of the mothers who had kept a child were sharing accommodation with parents, and all but one (Carmel) were engaged in some kind of economic relationship with their parents (shared accommodation, shared cooking

etc). Liz lived in another household, but since the birth of her first child, income, domestic work and child care tasks had been shared across household boundaries. Other mothers benefitted from baby-sitting and shared overheads and were usually expected to reciprocate through domestic work. (This, incidentally, appeared to affect profoundly their experience of mothering, since the mother-child relationship was subject to the intervention, sometimes unwanted, of others. This could have the effect of undermining their sense of control and agency, of parental efficacy. This was mentioned by several as a source of recurrent conflict and resentment.)

These accounts however tell us not simply about lone parenthood, but also lone motherhood. That single parenthood is a gender issue is currently being contested in the courts (where two lone mothers are claiming that, with 90% of all single parents being women, the DSS refusal to cover child care costs for women seeking to supplement Income Support through paid work constitutes sexual discrimination (Independent, 14.11.90)). Lone mothers find it difficult to escape poverty partly because they are mothers, and not fathers. This is largely because men and women relate differently to the labour market and the meaning of paid work differs according to gender and because of assumptions about women in the social security system. Women's social roles continue to be construed primarily around motherhood and domestic responsibilities (Oakley, 1974b; Pollert, 1981; Millar, 1987). Paid employment is seen as secondary and women come to expect and are offered poor jobs (see, for example, Sharpe, 1984). The labour market is highly segregated according to sex: women are found in jobs which are rewarded with lower pay, offer poorer training opportunities and promotion prospects, have less security, are disproportionately found within the lower rungs of the occupational ladder and so on (Martin and Roberts, 1984; Beechey, 1978; 1987). Even in full-time work, a woman can expect to earn only two thirds of a man's wage (Millar, 1987). This reinforces the status of marriage as a better career prospect, although this aggravates the woman's poor chances in the labour market (through downward mobility, the widespread perception of married women's income as secondary and so on) (Pollert, 1981; Delphy, 1984; Morris and Ruane, 1989).

Where women are not able to or do not choose to opt for marriage, their chances of supporting their families alone are limited and even less likely where the youngest child has not reached school age. The employment position of lone mothers appears to have deteriorated: in 1976-78, 47% of all lone mothers worked, but only 39% did so in 1982-84. The figures for full-time employment fell from 24% to 17% (Millar, 1987:167-68). Few lone mothers are able to work full time in jobs which pay enough to cover child care costs and raise them above benefit level. In this study, only one lone mother had attempted to work.

Clearly, part of the equation concerns the division of labour: where the mother works, an alternative carer must be found. The notoriously poor provision of child care facilities in the UK has now been well established in the current national debate (seen, for example, as a prominent and recurring feature of the Woman's Hour 'Back to the Future' series, Radio 4). Informal arrangements may be preferred where they are considered to resemble more closely the usual mother-at-home pattern, but may be difficult to make and are prone to breakdown (Sharpe, 1984:ch4). Formal child care provision is patchy and usually expensive (Scarr and Dunn, 1984). It is not surprising, therefore, that patterns of work are related to the age of the youngest child.

Before moving on from this discussion of income and employment constraints, we should consider a controversial reform in social security provision of particular significance to unmarried mothers. The previous system of special single payments, of greatest value to the mother setting up a home for the first time and having to furnish it, has been abolished. The single mother has no right to a cooker, fridge, bed, and other items of household furniture. She may apply to the new Social Fund which operates on an entirely discretionary basis, subject to an expenditure ceiling, and which provides very few grants and more loans (ie claims are met ultimately from the claimant's weekly allowance). A mother may claim a maternity payment of £100, but this remains below the amount she could claim as special payments under the previous Supplementary Benefits system (Poverty, No.74:2, 1989/90). When interviews were being conducted for this research, a number of hospital social workers expressed concern that the

changes threatened by the new social security legislation (Social Security Act, April 1986, and implemented in April 1988) could result in a narrowing of genuine choice for single pregnant women. It was suggested that this might be reflected in increased abortion statistics as well as adoption statistics. The recently published 1988 abortion statistics (Population Trends, 1990) received widespread newspaper coverage. While it was acknowledged that the reasons given by women in pregnancy counselling may be tailored to meet legal requirements (ie the clauses of the 1967 Abortion Act), family planning workers were reported as suggesting more women were choosing abortion because they could not afford to raise a child (Guardian, 20.9.90).

Housing

The other major field in which single mothers become clients of the state is that of housing. Unmarried mothers are rarely in a position to buy their own home and have comparatively little chance of housing in the private rented sector, partly because of their (typical) benefit dependency and partly because of beliefs about their life-styles. Here, we shall focus upon the public rented sector. In the current study, an absolute shortage of housing did not emerge as a problem for any mother, which distinguishes them from their counterparts in other areas of the country where the density of population relative to available housing stock is higher. However, interviews with professionals as well as mothers pointed to a possible negation of 'genuine choice' about adoption where a mother wished to insist upon a minimum quality of accommodation.

Central government sets broad objectives and provides the means to achieve them. This is the government's strongest weapon; subsidies have traditionally been used to achieve a particular balance between private and public sectors (Murie et al, 1976). The national policy framework obliges Local Authorities to survey housing needs and to devise a way of meeting them; it establishes the rules by which rents are determined; controls building and regulates standards. The building and managing of dwellings and their matching with particular households, however, is left to Local Authorities. At the local level, elected representatives usually

instruct the housing department to carry out a particular policy, but leave the detailed execution of that policy to the officials.

The Local Authorities' scope for manoeuvre should not be exaggerated, both in local policy making (eg maintenance of or additions to stock are constrained by economic resources) and in the allocating of dwellings. Allocations policies replace the operation of market forces in the public sector, yet it continues to be the case that different groups have differential access to housing services and the least well off and most needy tend to be allocated the most inferior and inadequate dwellings (eg Merrett, 1979). Pahl distinguished four 'housing classes', one of which consists of those who must rent. However, it is clear that this is a very heterogeneous group of people (cited in Lambert et al, 1978). It consists of a number of sub-classes whose access not only to public housing, but to a particular type and standard of housing, is determined not centrally by position in the labour market, but by existing housing conditions; the nature of available stock; the existence of alternatives; and bureaucratic notions of housing 'need' and 'equity', based in part upon a demarcation between the deserving and undeserving. Lone parents are among those who tend to be housed disproportionately in undesirable dwellings.

The nature of the stock is important. Current government funding constraints are making it difficult for Local Authorities to maintain stock in a good state of repair; there is a great variety in design and standards within the stock. This means that most Local Authorities do have undesirable areas and it is one of the tasks of management to allocate these since voids are expensive to keep. The bargaining power of different groups varies. English identified waiting time and differences in ability to wait as crucial in determining the sort of dwelling one could acquire (see Malpass and Murie, 1982). Applicants have very little control over the housing process (except perhaps, on an individual level, through councillors) and their bargaining power is essentially negative, ie refusing an offered property (although even this is limited by estimating the likelihood of subsequent offers) (Merrett, 1979).

To turn specifically to the case of single mothers, we see they are likely to be allocated to poor property partly because of the priority conferred upon parents with children. Their keen need predisposes them to accepting property even if it is of a very poor quality and, if they are classified as homeless, they fall into a group of several prioritised categories for whom the housing department has a legal obligation to find a home (Homeless Persons Act, 1977). In such a case, they have no right to refuse a first offer (as have others on a waiting list). Local authority departments may tend to offer poor housing partly because they are aware of the weak bargaining position of lone mothers; partly because occupier turn-over is higher amongst the less desirable properties; and partly because of the central government policy of the past decade which has resulted in a reduction of a) the size of the total stock in this sector (with many of the better properties sold under the 1980 Housing Act; and b) expenditure on maintenance and repairs, reducing the overall quality of remaining stock.

There are several ways in which single mothers may receive favourable consideration in comparison with single individuals (such as obligation to be housed mentioned above), and with couples with dependent children (such as eligibility in terms of dwelling size). Additionally, a pregnant woman is eligible for housing and single mothers may be given tenancies under the age of 18, the usual minimum age limit for single people. On the other hand, some allocations policies work against single parents because of family size (smaller); mobility (greater); and age (younger). Here, 'need' may be counterposed by 'equity'.

Despite differences among housing department policies (eg type of application system), the outcome for many single mothers appears not so different. Single parents tend to be 'segregated'. This occurs partly because their desperation may be such that they apply to join the 'fastest' lists'. There also operate a number of beliefs about the lifestyles of single mothers and policies which (to quote a housing officer interviewed) "keep the mix (sic) right" are based, in part, upon the assumption that certain groups of tenants (like the respectable, the elderly) need to be 'protected' from single parent families.

These, then, are the sorts of political and economic policies and practices which impinge upon the mother's decision about the assumption of (social) maternity and her experience of it.

Motherhood, adoption and identity

Identity is a theme which has entered into a number of adoption debates over the past two decades. This has been most notably so in the controversial fields of trans-racial adoption and access to information about origins (eg, Edgar, undated; Triseliotis, 1973). The debates have focused mainly upon the identity 'problems' of adoptees, deploying, on the whole, developmentalist concepts of identity (eg Sants, undated, using 'genealogical bewilderment'). However, Haines and Timms, developing the lead of Rowe and others (see Rowe's discussion, 1971, of 'real' parenting), have attempted to broaden this out theoretically to encompass the question of the 'social identity' of adoption as an institution (Haines and Timms, 1985). In this thesis we have addressed questions of identity in relation to the natural mother and have drawn upon different theoretical approaches. These have included a symbolic interactionist conceptualisation of 'respectability' (Ball, 1970; Douglas, 1970; Scott, 1970; Goffman, 1963), a social psychological analysis of 'identity threat' (Breakwell, 1983, 1986), and a narrative approach to identity through the construction of biographical and autobiographical accounts (MacIntyre, 1981; Bruner, 1987).

Two broad questions concerning motherhood and identity in the adoption process were outlined in Chapter 3. The first of these was the management of respectability and reputation arising from the occurrence of pregnancy and motherhood outside marriage which, we suggested in Chapter 2, is defined within modern Western culture rather ambiguously. This we have already addressed in this chapter. The second concerned the manner in which women conceive of themselves as mothers when they lose their children. Taking this up now, we shall link it to the changing nature of the social identity of adoption as an institution.

We have suggested in this thesis that not only does the placement decision itself (whatever its outcome) have implications for a woman's identity, but so does the manner in which she implements that decision - and here we have focused upon relinquishment. One way of approaching this, we argued, was through the notion of the mother role which surrendering mothers construct in a more or less elaborate way. This role serves as a means for 'acting out' motherhood and incorporating into the self an identity as a mother.

Here, MacIntyre's concept of identity construction through narrative account has proved useful in several different respects (see also the brief discussion in Chapter 3 above). First, the woman, in the years following relinquishment, faces moments when she is required to provide an account of her life. She must decide how to construct this episode, whether to 'tell' and if so how. Second, women in this study have expressed a concern about what the adopters will tell their children about them. MacIntyre's analysis stresses the interlocking nature of accounts in constructing the 'narratable self':

"The other aspect of selfhood is correlative: I am not only accountable, I am also one who can always ask others for an account, who can put others to the question. I am part of their story as they are part of mine. The narrative of any one life is part of an interlocking set of narratives." (MacIntyre, 1981:202-203)

The mother is part of the child's life through the accounts of her provided for the child by third parties. The accounts others provide to the child of this episode in the mother's life matter to her: they comprise a definition of her; they help define the child's relationship to its mother (possibly hurting her child in the process); and she is virtually powerless to correct errors.

Third, mothers expressed a sense of their continuing responsibility towards their children in terms of their own accountability to them. A belief in their maternal duty not to turn the child away (in a possible future reunion) was accompanied by a belief in the child's right to ask

and be given the mother's own account of this episode in their lives. Here, we see that this narrative approach dovetails with the social role approach since the provision of such an account constitutes one of the responsibilities through which mothers construct their future role as mothers. Another method of making available this account entails providing information about herself through the agency files, as well as an explicit indication of her wishes regarding contact with her child (as an adult adoptee). The continuity of motherhood through the emotional experience of loss is less well examined here than in other studies, which have followed up natural mothers years after the placement of the child (eg Pannor et al, 1978; Deykin et al, 1984; Lifton, 1979; Millen and Roll, 1985; Rockel and Ryburn, 1988; Silverman, 1981).

The nature of mothering following surrender is clearly undergoing change. More than this, these changes constitute elements of a transformation in adoption as an institution. Let us consider here the principal processes at work.

The mother's perception of the role of the social worker in the adoption process has not been an important focus in this thesis, except in helping define what we have termed the 'mother role' of a client planning adoption. We could usefully broaden our analysis of this here. The possession by the social worker of specialist knowledge concerning the adoption process (for example in its administrative and legal aspects) places her at an advantage in shaping the careers and experiences of her clients, be they natural mothers or adopting couples. Most of these clients enter the adoption process only once and thus have not even past experiences to draw upon. Moreover, clients may perceive the professional as occupying a powerful role in relation to them: for prospective adopters, whose only hope of parenthood may depend upon their performance here, the social worker is able either to give or withhold a valuable resource (child); for surrendering mothers, she is able to confirm or challenge her identity as a caring responsible mother and able to determine (within limits) the future of her child.

This relative power of the social worker places her in a strong position to define the roles of other parties. She can, as we have seen, define possibilities, establish expectations. Once again, we see the usefulness of a symbolic interactionist approach to role construction which emphasises the tentative, context-dependent nature of role-making: 'behaving as though roles exist' (Turner, 1962).

Of course, the social worker does not have a completely free hand in this. She is constrained by the policy of the agency she works within, by the state of the adoption market, and by adoption law and regulations. However, even here she has a creative role to play and this is evident in the discretionary practices she pursues. This process of role definition and role construction is important, not merely because it shapes the experiences of individual mothers and couples, but because it forms part of the process of defining the identity of adoption as an institution.

At present in this country, legislation provides for adoptees to seek information about their origins. This could be seen to be a weakening of the boundary separating the child's adoptive from pre-adoptive life. Many social workers translate this liberally, employing, without legal sanction and in relation to the mother, a number of practices which contribute to this undermining of the bulwarks of adoption's immunity to the child's 'other life'. These practices consist essentially of a partial attack on secrecy as a defining characteristic of the modern institution of adoption. They are simultaneously a consequence of the legal changes of the 1970s and a vehicle for further change. In this way, professionals are able, with a degree of autonomy from legal measures, to contribute to the changing identity of a social institution. An interesting comparison may be made with New Zealand. There, legislation in the 1980s granted both the child and mother (and father) access to information about the other and assistance in seeking out the other (for a detailed description of these 1985 provisions, see Rockel and Ryburn, 1988:ch4). As in the UK, New Zealand practitioners have exceeded the legal provisions in the routine daily arrangement of placements. Although the law permits the exchange of information once the adoptee has reached the age of twenty, social workers are already placing children for adoption in arrangements which are more

or less open even during the infancy and childhood of the adoptee. Information is given to the mother about different prospective adopters and this includes their wishes about future contact. Meetings are arranged between the mother and adopters before she signs a consent form at which they can discuss the extent and nature of future contact (Rockel and Ryburn, 1988:ch7).

The provisions in the two countries which undermine the secrecy associated with adoption are thus quite different. In fact, they are motivated by quite different considerations, considerations which demonstrate that adoption has a different meaning in these two countries. In the UK, the 1975 provision was a result of questions of identity. The New Zealand developments reflect a concern about the mother-child relationship. In the UK, the legal change is conceptualised as a right gained by adoptees to information concerning their identity. It is not a response to the claims of the mother-child relationship. In fact this relationship continues to go unacknowledged. The adoptee has no right to practical assistance in seeking her/his mother. The mother has no legal right to information about her child. In fact the mother appears as little more than a component in the identity of the adoptee. Moreover, the search for information by either party about the other may be interpreted by professionals as pathological (see Triseliotis, 1973 and Chapter 8 above). In law, adoption represents the obliteration or death of the mother-child relationship and its full substitution by another parental arrangement. In New Zealand, on the other hand, adoption has come to represent a substitute parenting arrangement alongside the original mother-child relationship.

However, what appears to be at work in both these countries is a process of successive modification in the meaning of adoption. In both cases, professionals take up the shifting identity of the institution manifested in legal change and develop the trend further. Both legal change and professional practice therefore reinforce each other in redefining the institution. Moreover, there have been new proposals for legal change which promise to further this in the UK.

These concern the recent announcement by the Health Minister of forthcoming proposals for a "more limited form of adoption" (R4 news, 21.9.90; Daily Telegraph, 22.9.90). The precise details have yet to be worked out; the possibilities are: a) modification of existing law; b) maintaining current law but adding another option (where the child might keep her/his name and inheritance rights); and c) a 'menu' from which social workers and the courts could select elements according to the needs of the case in hand.

There are two points to be made about these 'proposals', as they currently stand. The first is that it is by no means clear that they are primarily 'adoptee driven', as were the 1975 Section 26 provisions. They are described as a response to the psychological and emotional needs of adopted 'children', but the needs of other parties are also under consideration. For instance, the needs of grandparents in particular have raised concern, as members of the family who may have a significant relationship with the child but whose consent to adoption is not required and whose rights of access to the adopted child are also nil. Extending the rights of parents over choice of adopters is another factor. It seems clear therefore, that the welfare of the child will not be the only concern.

Second, and related to this, the proposals appear to be aimed particularly at what is termed the 'less traditional' type of adoption, but which now accounts for the majority of adoptions: ie of older children, whether they are adopted by a parent or non-relative. However, it seems hard to imagine that these will not at some stage, if not at their original consideration in Parliament, then certainly within a decade or so, find themselves extended towards adoption of newborn babies. The 'social identity' (as it has been called) of adoption is changing: the principle and the practice of secrecy are breaking down and, arguably, the traditional extinguishing of the original parental relationship may not survive.

Of relevance here again, is the baby adoption market. It has already been suggested (R4 PM Programme) that more mothers may surrender babies where the break with the child is not so absolute. Some prospective adopters,

facing up to a 90% chance of never having a baby placed with them, may be more willing to adopt even where the mother imposes certain conditions, providing their legal position is solid (that is, full parental rights and responsibilities are transferred to them) and, indeed, this is the proposal. One possibility is that parents may be able to have greater control over the placement choice through a veto. Whatever the legal restrictions, it is possible that social workers will continue to use the 'space' created for them by the state of the market and the changing identity of adoption to reach informal agreements which extend current practices even without strict legal underwriting. It is noteworthy that, despite its dismissal by critics (Humphrey and Humphrey, 1988) as journalistic and unserious, Toynbee's account of 'lost children' recommended, in 1985, an 'open adoption' for infants except in certain circumstances where, for instance, the child might be endangered.

Implications for policy and practice

It has not been the purpose of this thesis to make recommendations for changes in policy and practice. However, the findings do suggest some scope for change (largely in the role boundaries of the adoption workers) which we shall consider in brief here.

There are two points to be made regarding the confinement period. First, some mothers are not visited in hospital, particularly where their stay is short or covers the weekend period. Yet social workers perceived this period as decisive and some mothers reported experiencing considerable confusion in hospital. Furthermore, Raynor (1971) identified 20 years ago this as the period where social work assistance was most intensively required. It is possible that more social work support during the hospital confinement could be considered.

Second, there are discrepancies among the accounts of mothers, professionals and nurses/midwives concerning practice during the confinement period. Nurses and midwives expressed clearly the view that mothers had the 'right' to make their own decision, that no pressure either way should be put upon her and that they, the nurses, endeavoured

to pursue flexible practices in keeping with the woman's wishes. However, several social workers perceived a 'bias' in nursing practice in favour of keeping mother and baby together. Some social workers also believed they were seen by nursing staff as 'baby-snatchers'. A number of mothers, on the other hand, reported nursing and midwifery staff directly advising them against contact with the baby. This is an area, therefore, where communications could be improved between hospital departments (social work and maternity departments) and between the adoption agency and maternity department. This is particularly important where social workers believe they cannot counsel effectively during the confinement period because of the pre-judgements of ward staff.

Another issue concerns bereavement following surrender. Although social workers expressed concern about the long-term implications of mother-baby contact in hospital for the grieving process, there appeared, on the whole, no sign of social workers' willingness to retain contact with the mother on a more extended basis. Social workers reported that some mothers broke off contact themselves quite abruptly, and believed this resulted from the association of the worker with the loss of the baby. Other workers suggested mothers required less frequent contact between the placement of the baby and the Court Hearing and little, if any afterwards. Some adoption workers perceived a demand by the mother for continued contact as evidence of an 'unhealthy dependency'. On the whole, the impression gained from the accounts of social workers was of a certain reluctance to retain contact with the mothers.

These views may be justifiable in some cases. However, there is a danger that clients may feel unable, because it is seen as inappropriate to demand as much help as they might otherwise feel they need. Some mothers in this sample had experienced considerable support from family and friends at the time of relinquishment, but that after some months, maybe even weeks, they had felt others considered the matter 'closed', leaving them to deal with their grief alone (see Deykin et al, 1984; Silverman, 1981, and Millen and Roll, 1985, for discussions of the grief experiences of relinquishing mothers). Another problem exists where a woman feels her

parents have removed her effective choice over the matter and have 'forced' her to surrender her baby.

This suggests that follow-up support may have a role to play. This has been acknowledged in the establishment in 1986 of a national Post Adoption Centre in London. This organisation has initiated post-surrender discussion groups which are proving of use to some mothers (PAC, 1990; Reich, 1990b). This has also been introduced elsewhere (see Chiaradonna, 1982, for an account of post-surrender group work in the US). Local adoption agencies may wish to consider establishing such group work at a local level or merely to put mothers (who agree to this) in touch with each other. Where a social worker feels her association with arranging the placement of the baby makes her an inappropriate individual to offer post-surrender grief counselling, it may be possible to 'pair' workers for each client, so that another worker takes on this role. At the very least, women should be given information about where they may turn for help should they require it in the future (for example, local counselling groups).

Related to this is the view held by some social workers of future contact with the agency by the mother for reassurance as pathological. Not only does this view require careful scrutiny, but it is possible that social workers inadvertently communicate to the mother the inappropriateness of her feelings or felt needs.

Finally, we have seen through this thesis that there are many cases where the meanings assigned to circumstances and events differ for mothers and professionals. We do not intend to deal with all these here. But there is one particularly important issue which concerns the association by social workers of a decision for adoption with a 'strong will' and strength of character. In contrast to this, a decision for adoption may be experienced by the mother as the outcome of loss of control over herself and her situation and/or as evidence of her personal weakness and unreliability. Both this experience of loss of control and of oneself as unreliable in a crisis, even to the point of losing her own baby, may have long-term implications for the woman's conception of herself and her experience of

bereavement. Evidence from other accounts suggests this is so (Inglis, 1984; Sawyer, 1979; Lifton, 1979). Again, this suggests that social workers could usefully examine their own pre-judgements and is another indicator of the importance of post-surrender work.

Future directions for research

The post-surrender period is one which has received little attention from researchers. Most research with natural mothers who have surrendered babies for adoption is carried out some considerable period after placement - usually several years (Pannor et al, 1978; Deykin et al, 1984; Rynearson, 1982). There is a place for longitudinal research which follows the mother through after the Court Hearing. This could investigate the bereavement experiences of these mothers and the reactions of others to them. Knowledge about this could be valuable to those wishing to establish post-surrender support either on an individual or group basis. It could also study the meanings women confer upon a subsequent pregnancy and motherhood, as well as the (changing) thoughts and feelings of the mother regarding a future relationship with her child. We shall not enter a discussion here of the various difficulties entailed in arranging such research.

In fact, there is a paucity of information about the varied practices of adoption agencies during the adoption process itself. We have collected here information about certain practices from a small number of agencies. But there is no comprehensive review of the range and distribution of adoption worker practices shaping the mother's experience of the adoption process. Likewise, it could be useful to practitioners were information to be collated about the existence and operation of post-surrender discussion groups and so on.

On the side of those who choose to keep their children, an area for investigation concerns the character of economic ties between the single mother and her family. In recent years, the nature of household money management has been identified as a topic for enquiry in various contexts (for instance, Pahl, 1980, for its contribution to marital breakdown. See

also Morris and Ruane, 1989). Relatively few analyses exist of financial ties between parents and non-dependent children. An analysis of money ties between a single mother and members of her family could confirm the adequacy of existing models of money management in the home (see Morris and Ruane, 1989:chl) or modify them. Broadening the investigation to include non-money ties could contribute to our knowledge about the operation of material factors on women's experiences of motherhood.

Finally, for reasons outlined briefly in Chapter 1, we have not considered here expectations of professionals and clients involved in the adoption process regarding the role of the adoptive mother. Yet this would prove a fruitful area for comparative analysis. Such research might find behavioural aspects of the (adoptive) maternal role were more precisely prescribed (for instance, we do not know what proportion of agencies insist adoptive mothers give up work outside the home for a minimum period after the baby has been placed with the couple). Additionally, we might expect different feeling rules to pertain in relation to maternal emotion. Indeed, many of the same questions could be asked: what sorts of identity threats does the prospective adoptive mother encounter and how does she manage these? What sorts of explanations and justifications for her motherhood choice - the desire to adopt - are acceptable, and to which groups? The other obvious area for comparative analysis concerns an examination of motherhood as it is socially constructed at other points of choice: for instance, where decisions are made about abortion, childlessness or the use of new reproductive technologies.

Brief summary

In summary, we have sought to investigate what baby adoption can tell us about motherhood. We have approached this by examining some contemporary debates about motherhood which challenge the notion of motherhood as a 'given', but both assert and reflect its problematic character, which establish it as culturally constructed, rather than as universal, instinctive or natural. It has been our intention to contribute to such debates by investigating and demonstrating the manner in which motherhood is constructed through the adoption process. We have gathered data from

both mothers and professionals about the placement decision itself and about secondary issues which form a part of its implementation. We have looked at such issues as definitional processes conferring meaning upon pregnancy and motherhood in specific circumstances; expectations of maternal behaviour and feeling; identity threats encountered by women who consider adoption; and explanations offered for the decision ultimately taken. In addition to these and other questions, we have proposed modest recommendations regarding adoption worker practice and possible directions for future research in this and related areas.

APPENDIX I: SELECTED STATISTICS

Table 1 shows the numbers of live births in England and Wales by legitimacy for the years 1928-1988. This shows a fall in the total number of live births until 1933, after which an upward trend was established (with a temporary dip in 1945) until 1947. The downward trend resumed until 1955, whereupon numbers increased again for almost a decade until 1964. Numbers subsequently fell until 1977. Figures for the 1980s fluctuate, but establish an overall trend upwards. The total number of births in 1988 represent no more than 986 fewer than in 1926.

The trends for illegitimate births (numbers) are as follows:

1926	-	1933	decline
1933	-	1944	increase
1946	-	1955	decline
1955	-	1967	increase
1967	-	1976	decline
1976	-	1988	increase

Sources: Registrar General Series FM1 Numbers 1, 11, 15, 17.

Table 1: Numbers of Live Births by Legitimacy, 1926-1988

Year	Total	Legitimate	Illegitimate
1926	694,563	664,972	29,591
1927	654,172	625,149	29,023
1928	660,267	630,565	29,702
1929	643,673	614,366	29,307
1930	648,811	619,129	29,682
1931	632,081	603,995	28,086
1932	613,972	586,961	27,011
1933	580,413	555,005	25,408
1934	597,642	571,857	25,785
1935	598,756	573,651	25,105
1936	605,292	588,397	24,895
1937	610,557	585,216	25,341
1938	621,204	594,825	26,379
1939	614,479	588,909	25,570
1940	590,120	564,487	25,633
1941	579,091	548,033	31,058
1942	651,503	615,036	36,467
1943	684,334	640,625	43,709
1944	751,478	696,305	55,173
1945	679,937	616,517	35,250

Year	Total	Legitimate	Illegitimate
1946	820,719	766,800	53,919
1947	881,026	834,423	46,603
1948	775,306	733,732	41,574
1949	730,518	693,611	36,907
1950	697,097	661,847	35,250
1951	677,529	644,758	32,771
1952	673,735	641,186	32,549
1953	684,372	651,869	32,503
1954	673,651	642,042	31,609
1955	667,811	636,666	31,145
1956	700,335	666,801	33,534
1957	723,381	688,819	34,562
1958	740,715	704,541	36,174
1959	748,501	710,340	38,161
1960	785,005	742,298	42,707
1961	811,281	762,791	48,490
1962	838,736	783,360	55,376
1963	854,055	794,951	59,104
1964	875,972	812,632	63,340
1965	862,725	796,476	66,249
1966	849,823	782,767	67,056
1967	832,164	762,236	69,928
1968	819,272	749,466	69,806
1969	797,538	730,497	67,041
1970	784,486	719,742	64,744
1971	783,155	717,477	65,678
1972	725,440	662,929	62,511
1973	675,953	617,856	58,097
1974	639,885	583,399	56,486
1975	603,445	548,554	54,891
1976	584,270	530,504	53,766
1977	569,259	513,880	55,379
1978	596,418	535,781	60,637
1979	638,028	568,561	69,467
1980	656,234	578,862	77,372
1981	634,492	553,509	80,983
1982	625,931	536,074	89,857
1983	629,134	529,923	99,211
1984	636,818	526,353	110,465
1985	656,417	530,617	126,250
1986	661,018	519,673	141,345
1987	681,511	523,080	158,431
1988	693,577	516,225	177,352

[Figures relate to registered births up to and including 1938 and to actual births occurring thereafter. All figures relate to England and Wales unless otherwise stated.]

Table 2 provides rates of all live births by legitimacy for 1926-1986. These rates are more subject to annual fluctuations but the broad trends for illegitimate births per 1,000 single, widowed and divorced women aged 15-44 are as follows:

1926	-	1930	even
1930	-	1936	overall decline
1936	-	1945	overall increase
1945	-	1951	decline
1951	-	1968	increase
1968	-	1977	decline
1977	-	1986	sharp increase

The broad trends for illegitimate births per 1,000 of all live births are as follows:

1926	-	1930	increase
1930	-	1936	decline
1936	-	1945	sharp increase
1945	-	1955	sharp decline
1955	-	1968	steady increase
1968	-	1974	stable
1976	-	1986	sharp increase

The difference in this set of figures is that the increase in the illegitimacy rate (as a percentage of live births) seen in recent years was established in the 1950s rather than in the 1970s.

Sources: RG Series FM1, Numbers 1, 11, 15

Table 2 Rates of live births by legitimacy, 1926-1986

Year	Crude birth rate(1)	Gen. Fertil Rate(2)	Legit births per 1000 married women 15-44	illeg births per 1000 sing, wid,div women 15-44	illeg births per 1000 all births
1926	17.8	71.9	139.8	6.0	43
1927	16.7	67.5	130.8	5.9	44
1928	16.7	69.8	131.0	5.9	45
1929	16.3	65.8	126.6	6.0	46
1930	16.3	69.9	126.4	6.0	46
1931	15.8	64.3	122.7	5.7	44
1932	15.3	62.6	118.2	5.6	44
1933	14.4	59.4	110.9	5.3	44
1934	14.8	61.4	112.9	5.5	43
1935	14.7	60.9	111.5	5.4	42
1936	14.8	61.0	110.9	5.3	41
1937	14.9	61.2	110.2	5.4	42
1938	15.1	62.2	110.0	5.8	42
1939	14.8	61.3	107.0	5.8	42
1940	14.1	58.7	98.8	5.9	43
1941	13.9	57.9	94.1	7.4	54
1942	15.6	65.2	103.8	9.0	56
1943	16.2	68.6	107.6	10.9	64
1944	17.7	75.7	117.4	13.8	73
1945	15.9	68.8	103.9	16.1	93
1946	19.2	83.3	128.7	13.8	73
1947	20.5	90.6	139.7	12.4	53
1948	17.8	80.2	121.7	11.4	54
1949	16.7	76.0	114.4	10.4	51
1950	15.8	73.0	108.6	10.2	51
1951	15.5	71.6	105.5	9.8	48
1952	15.3	71.8	104.6	10.0	48
1953	15.5	73.5	106.4	10.2	47
1954	15.2	72.9	104.8	10.2	47
1955	15.0	72.8	103.7	10.3	47
1956	15.7	77.0	108.2	11.4	48
1957	16.1	80.0	111.7	12.0	48
1958	16.4	82.1	114.3	12.7	49
1959	16.5	83.0	115.4	13.3	51
1960	17.1	86.8	120.8	14.7	54

Year	Crude birth rate(1)	Gen. Fertil Rate(2)	Legit births per 1000 married women 15-44	illeg births per 1000 sing, wid, div women 15-44	illeg births per 1000 all births
1961	17.6	89.2	123.8	16.5	60
1962	18.0	90.7	126.1	18.3	66
1963	18.2	91.3	126.9	19.1	69
1964	18.6	93.0	128.7	20.4	72
1965	18.1	92.1	126.9	21.4	77
1966	17.8	90.8	124.8	21.7	79
1967	17.3	89.1	121.5	22.8	84
1968	16.9	87.9	119.2	23.0	85
1969	16.4	85.6	115.8	22.3	84
1970	16.1	84.3	113.5	21.8	83
1971	16.0	84.0	112.4	22.3	84
1972	14.8	77.5	103.6	21.1	86
1973	13.7	71.7	96.2	19.3	86
1974	13.0	67.5	91.1	18.4	88
1975	12.2	63.0	85.8	17.6	91
1976	11.8	60.4	83.0	16.4	92
1977	11.5	58.1	80.8	16.1	97
1978	12.1	60.1	84.7	16.8	102
1979	12.9	63.3	90.2	18.4	109
1980	13.2	64.2	92.2	19.6	118
1981	12.8	61.3	88.8	19.7	128
1982	12.6	59.9	86.9	21.0	143
1983	12.7	59.7	86.8	22.4	158
1984	12.8	59.8	86.7	24.1	173
1985	13.1	61.0	87.8	26.7	192
1986	13.2	60.6	86.3	28.9	214

(1) all births per 1000 population of all ages

(2) all births per 1000 women age 15-44

[Figures relate to numbers of births registered until 1938 inclusive and to births actually occurring thereafter.]

Table 3 shows the age distribution of births over the last decade in rates, ie births per 1000 women in the appropriate age and marital category. What os most striking is the rapid increase in the number of illegitimate live births per 1000 unmarried women of all ages, with the largest increases to those in their 20s.

Source: RG Series FM1 No.15

Table 3: Live births by age of mother and legitimacy, 1976-1986

Year	Age all ages	<20	20-24	25-29	30-34	35-39	40-4	45+
All live births per 1000 women								
1976	60.4	32.2	109.3	118.7	57.2	18.6	4.4	0.3
1977	58.1	29.4	103.7	117.5	58.6	18.2	4.1	0.3
1978	60.1	29.4	106.9	122.6	63.1	19.5	4.2	0.4
1979	63.3	30.3	111.3	131.2	69.0	21.3	4.3	0.4
1980	64.2	30.4	112.7	133.6	70.5	22.3	4.3	0.5
1981	61.3	28.1	105.3	129.1	68.6	21.7	4.4	0.5
1982	59.9	27.4	101.6	126.4	69.1	22.8	4.2	0.5
1983	59.7	26.9	98.5	126.4	71.5	23.1	4.4	0.5
1984	59.8	27.6	95.5	126.2	73.6	23.6	4.5	0.4
1985	61.0	29.5	94.5	127.6	76.4	24.1	4.6	0.4
1986	60.6	30.1	92.7	124.0	78.1	24.6	4.5	0.4
Legitimate live births per 1000 married women								
1976	83.0	294.6	179.1	138.6	62.0	19.3	4.5	0.4
1977	80.8	293.5	174.4	138.9	64.0	18.9	4.1	0.3
1978	84.7	315.3	187.1	147.2	69.4	20.5	4.3	0.4
1979	90.2	332.4	201.7	159.3	76.3	22.5	4.4	0.4
1980	92.2	340.4	210.8	164.6	78.4	23.6	4.4	0.5
1981	88.8	324.8	204.3	161.5	76.9	23.3	4.5	0.6
1982	86.9	331.2	204.5	160.0	78.2	24.3	4.3	0.5
1983	86.8	329.7	205.8	162.6	81.4	24.7	4.5	0.5
1984	86.7	338.7	206.2	164.5	84.4	25.2	4.6	0.4
1985	87.8	358.8	209.5	168.9	88.1	25.7	4.7	0.5
1986	86.3	360.9	209.8	167.2	90.1	26.2	4.6	0.4
Illegitimate live births per 1000 single, widowed and divorced women								
1976	16.4	11.9	22.4	28.7	23.6	13.5	3.5	0.2
1977	16.1	11.6	22.2	28.5	23.2	12.7	3.7	0.2
1978	16.8	12.1	23.5	29.1	23.7	12.6	3.3	0.2
1979	18.4	13.0	25.7	32.7	26.1	13.6	3.5	0.2
1980	19.6	13.7	27.8	33.7	26.0	11.9	4.1	0.1

Year	all ages	<20	20-24	25-29	30-34	35-39	40-44	45+
1981	19.7	13.7	27.8	33.7	26.0	11.9	4.1	0.1
1982	21.0	14.8	29.2	35.4	26.4	14.4	3.6	0.3
1983	22.4	15.7	30.7	36.8	29.0	14.7	3.5	0.2
1984	24.1	17.3	32.2	39.1	30.4	15.4	3.8	0.2
1985	26.7	19.7	35.2	41.8	32.6	16.2	4.0	0.2
1986	28.9	21.3	38.2	43.1	35.8	17.2	4.0	0.2

[1981 age group figures based on a 10% sample. <20 based on 15-19 group; all ages based on 15-44 group; 45+ based on 45-49 group.]

Table 4 shows the estimated rate of conceptions outside marriage per 1,000 women aged 15-44 who are single widowed or divorced, plus outcome of conception for 1969-1985. The table indicates that the rate of extra-marital conception has increased and that the profile for outcomes for such conceptions has changed dramatically during this period. Most notable, is the declining popularity of marriage and the trend towards illegitimate maternity. The increase in abortion rates to the level predominant in the mid-eighties had occurred within the first few years of legislation reaching the statute book (1967 Abortion Act). (NB These maternities include live and stillbirth.)

Source: RG Series FM1 Nos. 13, 15

Table 4: Rates of conception outside marriage leading to maternities and abortion, 1969-1985

Year	Conception rates per 1000 unmarried women					
	Total extra-marl concps	Live or still Total	maternities Illeg	all marge	legit 1st marge	concps terminated
1969	56.2	46.5	21.5	25.0	23.8	9.6
1970	62.6	47.7	22.4	25.3	24.0	15.0
1971	62.8	44.0	21.3	22.7	21.3	18.8
1972	61.8	40.4	19.9	20.5	18.8	21.4
1973	58.4	36.9	19.9	18.0	16.3	21.5
1974	54.5	33.5	17.9	15.6	13.9	21.1
1975	50.8	30.7	17.3	13.4	11.9	20.0

Year	Conception rates per 1000 unmarried women					
	Total extra- marl concps	Live Total	or still Illeg	maternities All legit all	1st marge	concps terminated
1976	47.3	28.2	16.4	11.8	10.2	19.1
1977	47.5	28.8	17.1	11.7	10.0	18.7
1978	51.1	31.0	18.6	12.4	10.5	20.1
1979	54.0	32.6	19.9	12.6	10.7	21.4
1980	52.9	31.8	20.3	11.4	9.7	21.2
1981	52.0	31.1	21.1	10.1	8.4	20.9
1982	53.0	32.4	22.6	9.7	8.1	20.6
1983	53.3	33.0	23.8	9.2	7.6	20.3
1984	57.5	36.1	26.8	9.3	7.6	21.4
1985	60.0	37.8	28.9	8.9	7.3	22.2

The greater part of the increase become illegitimate births with a slight increase in abortions and a substantial decrease in marriage before birth. Abortions constituted the single most 'popular' outcome in the mid-seventies (at approximately 40% of all extra-marital conceptions); in 1985, illegitimate births were (at very nearly half).

Table 5 presents numbers (in thousands) of extra-marital conceptions, with outcome as a percentage of all conceptions outside marriage, this time from 1969 until 1987. The figures break down illegitimate births by registration. There has been a significant increase in the number of illegitimate babies registered by both parents, suggesting that more babies born outside marriage may be born into unions which have a degree of stability. In 1987, over half all babies conceived outside marriage were born illegitimate.

Source: RG Series FM1 Numbers. 13, 15, 17

Table 5: Conceptions (in thousands) outside marriage with proportions leading to maternities and abortion, with details of registration, 1969-1987.

Year	Total number concps outs marge	Percentage of conceptions outside marriage				
		Leading to maternities			Terminated by abortion	
		illegitimate Total	Sole	Joint	Legit	
1969	168.6	38.3	22.0	16.3	44.5	17.2
1970	186.1	35.8	19.9	15.9	40.3	23.9
1971	186.1	33.9	18.4	15.5	36.2	29.9
1972	183.5	32.2	17.5	14.7	33.2	34.6
1973	175.9	32.5	17.2	15.3	30.7	36.8
1974	167.5	32.9	17.0	15.9	28.5	38.6
1975	160.6	34.0	17.0	17.0	26.5	39.5
1976	155.7	34.7	16.6	18.1	24.9	40.4
1977	163.4	36.1	16.7	19.3	24.5	39.4
1978	184.2	36.4	16.5	19.9	24.2	39.4
1979	203.5	36.9	16.2	20.7	23.4	39.7
1980	208.6	38.4	16.1	22.3	21.6	40.0
1981	214.3	40.5	16.7	23.7	19.3	40.2
1982	226.7	42.7	16.8	25.9	18.3	38.9
1983	236.4	44.6	16.8	27.9	17.3	38.1
1984	236.4	46.6	16.6	30.0	16.2	37.2
1985	283.5	48.1	16.5	31.5	14.9	37.0
1986	304.6	50.3	16.5	33.8	13.7	35.9
1987	337.1	51.3	15.8	35.5	12.4	36.2

Table 6 breaks these figures down by age group for 1975 and 1985. All categories show a fall in the percentage of conceptions outside marriage which end in abortion, bar those under twenty and those over 40. Every group category shows a fall in the rate of marriage and an increase in the rate of jointly registered illegitimate births, especially among those under 25 years of age.

Source: RG Series FM1 No. 15

Table 6: Conceptions (thousands) outside marriage leading to maternities and abortions, with registration type of illegitimates and by age for 1975 and 1985.

Age	Year	Total number conceptions outside marriage	Percentage of conceptions outside marriage				
			Leading to maternities			Terminated by abortion	
			Total	Sole	Joint	Legit	
<16	1975	9.1	37.9	27.4	10.5	9.8	52.3
	1985	9.4	41.9	23.6	18.3	2.3	55.8
<20	1975	76.1	31.1	19.7	11.5	31.3	37.5
	1985	101.0	48.2	19.6	28.6	12.6	39.2
20-24	1975	45.5	33.8	15.7	18.1	25.1	41.1
	1985	99.8	47.7	15.7	32.0	16.5	35.9
25-29	1975	22.3	39.4	13.8	25.6	20.4	40.2
	1985	48.0	49.5	14.7	34.8	16.6	33.9
30-34	1975	10.2	41.6	12.8	28.8	17.3	41.0
	1985	22.1	49.8	13.3	36.5	15.9	34.2
35-39	1975	4.9	41.0	13.7	27.3	14.9	44.1
	1985	10.4	44.6	12.1	32.5	13.4	42.0
40+	1975	1.5	34.6	12.6	22.0	11.3	54.1
	1985	2.3	31.8	9.4	22.4	9.2	59.0

Table 7 shows jointly registered illegitimate live births (in thousands) by the social class of the father for the years 1976-1988. While the total number of jointly registered births rose by 450% in this period, the increase was most marked for social classes I and II (522%) and III non manual (506%), with IV and V average at (462%), and least marked in social class III(Manual) (405%).

Source: RG Series FM1 No. 15, 17

Table 7: Jointly registered illegitimate births by social class of the father, 1976-1988

Year	All class	I/II	IIIInm	IIIIm	IV/V
1976	27.4	3.6	1.6	12.7	8.6
1977	29.3	4.3	1.4	12.9	9.9
1978	32.8	4.8	1.9	14.8	10.2
1979	38.3	5.5	2.3	17.0	12.5
1980	44.2	5.9	2.7	19.6	14.7

Year	All class	I/II	IIIInm	IIIIm	IV/V
1981	47.1	6.2	3.0	20.6	15.6
1982	53.4	7.2	3.5	22.6	18.1
1983	60.8	8.2	3.7	25.4	21.0
1984	69.9	9.2	4.6	29.3	23.5
1985	81.8	10.7	5.0	34.6	27.4
1986	93.5	13.3	5.8	38.3	31.8
1987	108.0	15.4	6.8	44.3	36.1
1988	123.4	18.8	8.1	51.4	39.7

Table 8 shows conceptions inside and outside marriage (in thousands) and outcome for the years 1977, 1982, 1986 and 1987. This shows the dramatic 'preference' for abortion where the conception takes place outside marriage relative to marital conceptions.

Source: RG Series FM1 No. 17

Table 8: Conceptions (in thousands) inside and outside marriage and outcome, for selected years.

Year	All Concps	Mater-nities	Legal abortions	Percentage leading to abortion
All conceptions				
1977	686.4	581.8	104.5	15.2%
1982	755.3	626.8	128.5	17.0%
1986	818.9	671.3	147.7	18.0%
1987	850.4	689.5	160.9	18.9%
Conceptions in-side marriage				
1977	523.0	482.8	40.2	7.7%
1982	528.6	488.3	40.3	7.6%
1986	514.3	476.1	38.1	7.4%
1987	513.3	474.6	38.8	7.6%

Year	All Concps	Mater- nities	Legal abortions	Percentage leading to abortion
Conceptions outside marriage				
1977	163.4	99.1	64.4	39.4%
1982	226.7	138.5	88.2	38.9%
1986	304.6	195.1	109.5	35.9%
1987	337.1	214.9	122.2	36.3%

From this, we can see that conceptions outside marriage are more likely to be terminated by abortion and that the percentage of all abortions accounted for by those of conceptions outside marriage is rising. Terminations of conceptions inside marriage has been fairly steady during the decade shown. Table 9 demonstrates that extra-marital conceptions are disproportionately likely to be terminated by abortion.

Source: RG Series FM1 No. 17

Table 9: Percentage of conceptions which are extra-marital and percentage of abortions which are to conceptions outside marriage.

Year	Extra-marital conceptions (% all concs)	Terminations of extra-marital concps (% all abortions)
1977	23.8	61.6%
1882	30.0	68.6%
1986	37.2%	74.1%
1987	39.6%	75.9%

Table 10 shows the number of conceptions (in thousands) and the percentage of conceptions leading to abortion by age group and legitimacy for 1977 and 1987.

Source: RG Series FM1 No. 17

Table 10: Conceptions (in thousands) inside and outside marriage by age and outcome for 1977 and 1987.

Age/outcome	All concepns		Concpns inside marge		Concepns outside marge	
	1977	1987	1977	1987	1977	1987
Under 20						
all concepns	107.4	123.2	31.8	15.1	75.5	108.0
% terminated	28	35	3	5	39	39
20-24						
all concepns	215.3	261.9	169.1	139.1	46.2	122.8
% terminated	11	19	4	5	39	36
25-29						
all concepns	218.9	264.6	195.9	201.5	23.0	63.1
% terminated	9	12	5	5	38	33
30-34						
all concepns	103.3	139.0	91.3	111.1	12.0	28.0
% terminated	15	14	12	9	40	32
35-39						
all concepns	31.8	50.8	26.8	38.5	5.1	12.3
% terminated	32	45	52	42	59	54
40+						
all concepns	9.6	10.9	8.0	8.0	1.6	2.9
% terminated	53	45	52	42	59	54

Table 11 provides figures for adopted children by age and type of adoption for legitimate children in the years 1974 and 1984. The total number of such children dropped by nearly 2/3 in the ten year period, but this is accounted for by the reduction in adoption of children by own parent, probably reflecting the introduction of Custodianship in 1975. Sole adoptions refer to adoptions by one person only.

Sources: RG Series FM3 76/1, 86/1

Table 11: Total numbers of adoptions for children of all ages, and numbers of adoptions for legitimate children by type of adoption, for 1974 and 1984.

Age/year	All childn	Legitimate children				Sole	unstated adops
		Total	Joint adopters parent	nonpar			
All ages							
1974	22,502	10,065	9,144	887	34	-	
1984	8,648	3,865	2,650	1,177	28	-	
<6 months							
1974	1,496	59	5	54	-	-	
1984	714	21	1	20	-	-	
6-8 mth							
1974	2891	147	19	128	-	-	
1984	907	60	2	57	-	1	
9-11 mth							
1974	785	60	8	52	-	-	
1984	222	34	1	33	-	-	
1 year							
1974	1247	183	71	112	-	-	
1984	171	89	5	82	2	-	
2-4 yr							
1974	4,901	1,775	1549	219	7	-	
1984	1,574	546	546	249	3	3	
5-9 yr							
1974	7,462	4,958	4,741	201	16	-	
1984	2,613	1,570	1,108	451	6	5	
10-14 yr							
1974	3,132	2,466	2,371	87	8	-	
1984	1,730	1,209	978	123	7	1	
15-17 yr							
1974	588	417	380	34	3	-	
1984	572	336	270	56	10	-	

Table 12 shows figures for adopted illegitimate children by age for the years 1974 and 1984.

Sources: RG Series FM3 76/1, 86/1

Age/year	Total	Joint parent adoptions	nonpar	Sole	unstated adops
all ages					
1974	12,437	5,691	6,621	125	-
1984	4,783	1,809	2,910	53	11
<6 mth					
1974	1,437	17	1,416	4	-
1984	693	11	681	1	-
6-8 mth					
1974	2,744	59	2,680	5	-
1984	847	6	834	2	5
9-11 mth					
1974	725	37	686	2	-
1984	188	6	180	1	1
1 year					
1974	1,064	373	677	14	-
1984	282	33	243	5	1
2-4 yr					
1974	3,126	2,485	607	13	-
1984	1018	533	469	13	3

Age/year	Total	Joint parent adoptions	nonpar	Sole	unstated adops
5-9 yr					
1974	2,504	2,076	393	35	-
1984	1,043	696	337	9	1
10-14 yr					
1974	666	518	125	23	-
1984	521	403	110	8	-
15-17 yr					
1974	171	126	37	8	-
1984	191	121	56	14	-

Table 13 provides the number of adoptions annually since 1927, with adoption type for 1955 onwards. We see that in 1955 the ratio of 'own parent' to 'non-parental' is almost 1:2. By 1971, it was approximately 1:1. By the mid-fifties, there were more 'own parent' than 'non-parental' adoptions.

Source: Teague, 1989:126-127

Table 13: The incidence of legal adoption, 1927-1984.

Year	Total number adoptions	Own parent adoptions	Non-parental adoptions
1927	2,943		
1928	3,278		
1929	3,294		
1930	4,511		
1931	3,777		
1932	4,465		
1933	4,524		
1934	4,756		
1935	4,844		
1936	5,180		
1937	5,547		
1938	6,193		
1939	6,826		
1940	7,775		
1941	7,429		
1942	10,409		
1943	11,548		
1944	13,027		
1945	16,319		
1946	21,279		
1947	18,255		
1948	18,540		
1949	17,317		
1950	12,739		
1951	13,850		
1952	13,894		
1953	12,995		
1954	13,003		
1955	13,001	4,519	8,486
1956	13,198	4,727	8,974
1957	13,409	4,720	8,683
1958	13,303	4,328	8,976
1959	14,103	4,814	9,295
1960	15,099	4,487	10,612

Year	Total number adoptions	Own parent adoptions	Non-parental adoptions
1961	15,997	4,470	11,530
1962	16,894	4,369	12,525
1963	17,782	4,650	13,132
1964	20,412	4,651	15,090
1965	21,033	5,784	15,258
1966	22,792	6,898	15,894
1967	22,802	7,189	15,613
1968	24,831	8,647	16,184
1969	23,705	9,335	14,370
1970	22,371	10,361	12,012
1971	21,495	10,751	10,743
1972	21,603	12,233	9,211
1973	22,200	11,677	8,459
1974	22,502	14,835	7,508
1975	21,299	14,567	6,580
1976	17,621	11,852	5,661
1977	12,749	7,783	4,867
1978	12,121	7,444	4,590
1979	10,870	6,534	4,254
1980	10,609	6,150	4,364
1981	9,284	5,057	4,153
1982	10,240	5,807	4,343
1983	9,029	4,939	4,008
1984	8,648	4,459	4,078

Table 14 shows the number of non-parental adoptions of illegitimate children, plus the ratio of this to illegitimate births.

Source: Selman, 1976; RG Series FM1 No.s 11, 15; RG Series FM3 83/1, 86/1

Table 14: Illegitimate births, non-parental adoptions of illegitimate children and ratio of adoptions to births for selected years.

Year	Ilegit births	non-par adops of illeg chn	ratio of non-par adops to illeg births	
			same yr	previous yr
1961	48,490	10,065	20.8	23.6
1964	63,340	13,470	21.3	22.8
1968	69,806	14,571	21.1	21.1
1971	65,678	9,642	14.7	14.9
1974	56,486	6,621	11.7	11.4
1978	60,637	3,826	6.3	6.9
1981	80,983	3,270	4.0	4.2
1984	110,465	2,910	2.6	2.9

Table 15 shows total number of adoptions, number of non-parental adoptions of illegitimate infants (ie <1 year of age), and percentage of total adoptions accounted for by non-parental adoptions of illegitimate infants (includes sole adoptions) for 1974, 1978, 1981, and 1984.

Source: RG Series FM3 76/1, 80/1, 83/1, 86/1

Table 15: Non-parental adoptions of illegitimates: numbers and as a percentage of all adoptions.

Year	Total adoptions	non-par adp illeg inf	non-par adp illeg inf as % of all
1974	22,502	4,793	21.3
1978	12,121	2,657	21.9
1981	9,284	2,211	23.8
1984	8,648	1,695	19.6

Table 16 shows illegitimate births and non-parental adoptions (including sole adoptions) of illegitimate infants, plus the latter as a percentage of the former for 1974, 1978, 1981, 1984.

Source: RG Series FM1 Numbers 1, 11, 15; RG Series FM3 76/1, 80/1, 83/1, 86/1

Table 16: Ratio of non-parental adoptions of illegitimate infants to all illegitimate births for selected years.

Year	Illeg births	non-par adp illeg inf	non-par adp illeg inf as % all illeg births
1974	56,486	4,793	8.5
1978	60,637	2,657	4.4
1981	80,983	2,211	2.7
1984	110,465	1,695	1.5

APPENDIX II APPLICATION FOR ACCESS TO CONFIDENTIAL FILES

A

SECRETARY OF STATE'S AUTHORITY TO PROVIDE ACCESS TO CONFIDENTIAL ADOPTION INFORMATION FOR THE PURPOSES OF RESEARCH

Criteria for authorising access

1. That the research is conducted under the auspices of a responsible academic body with relevant expertise in social research and, if possible, in child care research.
2. That the supervisor of the research is knowledgeable in social research methodology and, if possible, child care and adoption issues, and has time to supervise the work adequately.
3. That the researcher with the main task of carrying out the research has knowledge of child care (and, if possible, adoption) issues and of relevant research literature, and has expertise in techniques of sampling, data collection, analysis and report writing.
4. That the objectives and design of the research (including sampling, data collection, sources and methods, and analysis techniques) are relevant, useful and feasible.
5. That it is not possible to carry out the research without access to confidential adoption information.
6. That there is no overlap with other research.
7. That there appears to be potential for the researcher to form a close professional relationship with field practitioners and others, so that results are likely to be translated into practice and to be within the bounds of feasibility (eg of cost).
8. That it is possible to preserve confidentiality meticulously and to anonymise any reports resulting from the research, particularly where samples are very small.
9. That the results and report of the research are likely to be of a quality to ensure discussion among practitioners.

B

Proposals submitted to the Secretary of State for the Department of Health and Social Security, November 1984:

To the Secretary of State.

Re: Access and Confidential Adoption Information

1.

The proposed research is to be carried out under the auspices of the University of Durham, Department of Sociology and Social Policy. Members of this department have a wide experience of social research, including research council and government funded research. In addition, the researcher has access to the expertise of other departments (for example, the psychology department and the long established School of Education which, in addition to research experience, have an extensive literature in child development and mother-child relationships).

2.

Dr Jane Keithley, the supervisor of the research, is a lecturer in social policy and administration. She has knowledge of child care issues derived from these lectureship responsibilities. Dr Keithley's PhD involved a follow-up study of the clients of a marriage guidance counsellor working in a general practice. This has provided her with considerable expertise in data gathering and analysis, experience in the sensitive handling of interviews and an understanding of the imperative of confidentiality. Part of her job description is to supervise post-graduate students and no post-graduate is admitted to the department until the Faculty is satisfied that the proposed member of staff has the time to supervise adequately. For some years, Dr Keithley was a member of the executive of the Family Service Unit in Bishop Auckland, in which much of the work was concerned with child care issues.

3.

The researcher's undergraduate and post-graduate (Masters) degrees in the social sciences have provided her with familiarity with the techniques of social research. Students are accepted for a PhD thesis only if the department is satisfied of their ability to conduct research independently and of their competence in research techniques. Post-graduate courses are provided by the department to reinforce this competence. The researcher's undergraduate degree in sociology and social policy included the consideration of child care issues from both administrative and social psychological perspectives. As part of this degree the researcher completed two placements: work in a Dr Barnardo's Home for children; and work with the probation service, including experience with juvenile courts. A year abroad provided teaching and child care experience.

4.

The first stage in the research will be to consult past records: a study of case histories coming onto the records within any recent twelve month period should be sufficient for an overview of the types of women coming to the agency for help. The second stage will consist of deciding upon the criteria by which to select potential interviewees. Precise specification of categories will be subject to the numbers of women falling into them.

Access to current files will enable the researcher to decide, according to the established criteria, which clients to invite for interview. In order not to impose upon or pressure the selected women, information about the research, reassurance concerning the cooperation of the agency, and an invitation to participate will be issued through a letter from the agency itself, stressing, however, the independent nature of the research. The women themselves will then decide whether or not to participate. Next, four semi-structured interviews, two before and two after the birth of the child will gather information about why the women came to the agency in the first place; the alternatives considered; the problems faced and those anticipated; sources of help and information; the factors influencing the making of the adoption decision and, where appropriate, the reasons for any change of mind; and, in the last interview, how the women have coped with or without the child and (again, where relevant) the feelings they have for a surrendered child.

Access to past records by the researcher is considered necessary so that she can familiarise herself with the background information concerning the types of women seeking agency help; with the type of work the agency engages in; and with the spread of characteristics from which to select relevant categories. Access to current files is essential for actual selection of potential interviewees.

5.

In addition to the remarks made in (4), it is important to emphasise that the validity of the results obtained from social research necessitates the careful selection of potential interviewees by objective criteria. Precise and objective specification of categories by which to select potential subjects and the need to know of which type of women, the chosen sample will be representative (and correspondingly, given the non-response rate, those of which it will not be representative) both require the consultation of confidential agency files.

6.

The last 15-20 years have seen a considerable expansion in research into adoption issues. It remains the case, however, that very little is known about the process of decision-making by the natural mother. Consultation with BAAF earlier this year revealed that they knew of no other research in this particular field.

7.

Earlier this year the researcher discussed with social workers in the [agency] the possibilities of pursuing the research within the agency and of working in cooperation with the professional practitioners. The question of confidentiality and the needs of the girl / women participants in the research were raised. It was made clear by the researcher that a number of undertakings could be made where it was felt necessary for the maintenance of confidentiality, and that the welfare of the agency's clients would remain the highest priority. The agency social workers and its executive not only agreed to support the research (subject to certain safeguards) and to assist the researcher with information about the practices of the agency and with the arrangements of interviews, but also expressed considerable enthusiasm for and interest in such research, which

they had felt for a long time ought to be carried out but was hitherto impossible because of a shortage of funds. It is certainly not the researcher's intention to interfere with the social worker's professional practice. On the contrary, since the legal obligation upon local authority and voluntary agencies to provide counselling for expectant mothers considering adoption is an innovation of the 1970s (see Children's Act 1975), the research will shed some light on the casework help given to single pregnant women in practice. The research intends to focus primarily upon the experiences attitudes and feelings of the agency's clients and interviews will reveal the women's perceptions of their own feelings and difficulties. Although client satisfaction with the professional help given does not necessarily imply good social work practice, this area is certainly worthwhile exploring and, given the relative paucity of related literature, indications concerning client perception of professional practice will be of interest to practitioners in the field.

Research in 1970 (see Triseliotis 'Evaluation of Adoption Policy and Practice') suggested a duplication of services and waste of resources in help given to single pregnant women. The research will shed some light on whether the late 1970s and early 1980s have witnessed a greater coordination of services.

Since this is a longitudinal study, it provides the possibility of follow-up work, perhaps most relevant at present (in the light of the 1976 regulations giving adult adoptees access to birth records) in the case of those who surrender their children.

8.

It will not be necessary for case history information to leave agency premises. Names and addresses will leave the premises only for the purpose of contacting an interviewee and only with prior permission. Apart from this rather than the use of names, a number will be allocated to each file, and each case history studied will be identified by reference to its number. Interviews will be carried out at a time and place acceptable to social workers and interviewees. If necessary (although neither supervisor nor researcher anticipates this), access to the completed thesis could be restricted.

Although it is hoped that a sample of 30-40 women will be small enough to enable the researcher to look at each case and in some detail, it is the nature of social research to compound rather than individualise and the techniques of anonymising information, common to all casework research, will be employed here.

9.

The research results and report would be of a quality expected of a university PhD thesis.

APPENDIX III

HISTORICAL DEVELOPMENTS UP TO AND SINCE THE ADOPTION LEGISLATION OF 1926

Developments leading up to the introduction of adoption legislation

This appendix provides a brief summary of adoption history. It seeks first, to establish a connection between the introduction of adoption legislation in 1926 and previous social, political and demographic developments which brought about a change in the state's relationship to children and to women as mothers. Second, it will summarise some of the major trends in adoption since the 1920s and the increase in interest in the unmarried mother.

The introduction of adoption legislation in 1926 was the outcome of a complex of developments throughout the preceding century. The call for legislation came as a response to the plight of children born during the first world war who were either the orphans or the illegitimate sons and daughters of British soldiers (Benet, 1976). It was felt inappropriate, even outrageous, that the children of 'heroes' should suffer the disadvantage of growing up without the care and security afforded by a 'normal' home and family life. Moreover, there were publicised a number of scandals concerning the reclaiming by natural parents of children who lived in de facto adoption arrangements (many established by 'adoption societies' set up during the war in response to rapidly changing circumstances) (Heywood, 1959:116; McWhinnie, 1973:54). These highlighted the undesirability of existing arrangements which were not regulated by law and, hence, afforded no security to any party.

The fate of these children had come to be important not merely because they were the progeny of patriots but because, for some decades, children had enjoyed an elevated position relative to that they had previously held in British society. This was in large part due to the requirements of an Empire which looked to its children for the future generation of soldiers and workers of good physical stock and virtuous social habits (Davlin, 1978; Gorst, 1906). The value of the nation's children was felt all the

more sharply in the context of a declining (post 1876) birth rate. The changing relationship between the state and 'its' children had implications for the relationship between parents and children, and for that between parent and state (Lewis, 1986; Heywood, 1959). Children came to be seen as resources for the nation rather than as the property of their parents. In particular, the state intervened in new ways in the lives of women as mothers. Much of the protection of this precious resource was channeled through the mother (Rose, 1985; Roberts, 1986; Lewis, 1986; Humphries, 1981). A new conception of maternalism, understood as mothering appropriate and desirable for the healthy physical development of the child emerged, some of the roots of which can be traced to a bourgeois ideology of maternal domesticity, dating back to the campaign surrounding the Factory Acts of the 1830s and earlier (Walby, 1986).

Experience of the inadequacy of moral instruction and industrial training alone to raise pauper children above the danger of returning to the Workhouse as adults (i.e. its failure to create industrious, and virtuous citizens), plus a growing awareness - resulting from the development of psychology - of the emotional and intellectual needs of children gradually came to establish the principle of 'home and family life' not simply as virtues in rhetoric but now as a practical model for the organising of childcare services and for inducement to a particular type of mothering (Davenport-Hill, 1889; Lidgett, 1893; Flugel, 1933; Heywood, 1959; Webb and Webb, 1909).

Modern adoption has traditionally been associated with illegitimacy and material lack. Ironically, in the nineteenth century, the mother of the illegitimate child had rights over her offspring not enjoyed by her married sister (Teague, 1989:ch3) and a unique responsibility for the support of the child following the Bastardy Clauses (Henriques, 1967). Her relationship to the state through the poverty relief apparatus embodied more harsh and discriminatory treatment than that experienced by any other category of poor woman (Thane, 1978; Finer and McGregor, 1974;). From the latter years of the nineteenth century onwards, however, her position began to improve. This was in large part due to the increasing value

placed on her child. The decline in the national birth rate was accompanied by a sharper decline in the rate of illegitimacy throughout the second half of the nineteenth century (Shorter, 1975; Registrar General, 1916). It was possible to effect improvements in the mortality rate of illegitimate children which tended to be around twice that of the general infant mortality rate (Heywood, 1959:94; Registrar General, 1916), while condemnations of 'inducements to immorality' had lost much of their force. These 'improvements' began to entail better care of the mother as well as the search for substitute families. The unmarried mother's position also improved, however, as a result of more general changes in poverty relief. A growing awareness of the extent and causes of poverty led to changes in definitions of 'deserving' and 'undeserving' or 'respectable' and 'disreputable' (Rose, 1981; Thane, 1978; Rodgers, 1968; Fraser, 1984; Woodroffe, 1962). This weakening of traditional ideological barriers to effective assistance opened up the category of unmarried mother to new forms of state and philanthropic intervention (Hall and Howes, 1962; Steer, 1893). Alongside a new understanding of the causes of poverty, which emphasised environmental and factors beyond the control of the individual relative to moral character and personal failure, there took place some re-evaluation in the relative importance of genetic endowment and external, environmental influences in shaping the individual's character. The increased value placed upon the child, along with new ideas concerning its moral formation, the blurring of distinctions amongst many categories of the poor and the numerous precedents of state activity in a wide range of social fields facilitated the introduction of legislation which would permit the integration of an illegitimate child into a respectable working class family on a secure and permanent basis.

Developments since 1926

The 1926 Adoption Act provided for legal adoption by means of a court order. The Order vested in the adopter(s) the rights and liabilities of the natural parent(s). The major exceptions were rights over titles and property inheritance. Out of 4,386 adoption applications in the first 15 months after the legislation, two thirds were of illegitimate children

(Heywood, 1959:117). Adoption provided a new legally secure option for illegitimate children and their mothers. There was a steady increase in the number of adoption orders granted after the 1920s, with a rapid increase during the Second World War. Many general social work organisations and 'rescue' organisations for unmarried mothers registered as adoption agencies (McWhimmie, 1973:155). After a decline in annual numbers during the 1950s, the number of adoption orders climbed from 1959 to a peak in 1968 of 24,855 (see Table 13 in Appendix I). The decline in the number of babies available for adoption after this has been associated with the increased availability and more widespread use among the unmarried of reliable contraceptive methods, access to legal abortion (1968) and the greater acceptability of the single mother keeping her baby (McWhimmie, 1973).

During the war, the illegitimacy rate rose dramatically (see Appendix I, Table 1), partly arising from difficulties in the regularising of extra-marital conception when men were transferred abroad (Ferguson and Fitzgerald, 1954:ch 3). The widespread disruption of war highlighted for many the desirability of keeping the family together and, mindful of the economic contribution of many single mothers, the Ministry of Health Circular No 2866, issued in October, 1943, extended responsibility for casework from voluntary to statutory authorities and recommended greater cooperation between the two plus financial assistance from the latter to the former for the provision of facilities for the unmarried mother and her child (Ferguson and Fitzgerald, 1954:128; Hall and Howes, 1962:30). Comments in the Circular concerning the inadequacy of voluntary provision alone reflected the changed social status of the unmarried mother: not only were punitive aspects of much moral welfare work with its emphasis on penitence no longer appropriate in all cases, but these factors were also unacceptable, it was suggested, to the unmarried mothers themselves.

We can see a dramatic development in the conceptualisation of unmarried motherhood between the mid-nineteenth and mid-twentieth centuries. The fallen penitents of the nineteenth century were, if lucky, immured in refuges or, if unlucky, in workhouses and asylums. They were moral defectives and social failures, associated with the criminal, lunatic and

diseased. By the Second World War, the greater variation of 'type' and circumstance of unmarried mother was being acknowledged. They were of "independent and self-reliant spirit", with ample work opportunities and economic clout. If they represented a threat, it was not a moral and religious one, but rather an administrative and economic one. Unmarried mothers no longer received gratefully whatever was offered, but now demanded a certain quality of service (Ferguson and Fitzgerald, 1954; Hall and Howes, 1962). Additionally, we see the state take over an increasing number of responsibilities for unmarried mothers from the voluntary sector.

The interest in unmarried mothers arose after the war for a number of reasons. Not only had illegitimacy increased during the war but a steadier rise followed after the mid-fifties (in a period not characterised by widespread social disruption). Perhaps more 'alarming' than this, however, was the change in the 'type' of woman who was giving birth to an illegitimate baby. During the 1950s, there was an increase in the number of girls aged 12-17 years who became pregnant (Hall and Howes, 1962:48). Additionally, observers noted the 'extension' of unmarried motherhood into the upper and educated classes. Writing as a caseworker in America, Bernstein noted in the US that this rendered former stereotypes (the association of illegitimacy with immigration, low mentality and hypersexuality) less tenable (1965:108).

Academic interest in 'explaining' the phenomenon of unmarried motherhood gained momentum (see Kronick, 1965 and Roberts, 1965 for reviews of academic approaches in the US). In the UK, the sociological approach tended to predominate and provided theories to 'explain' illegitimacy. Anderson et al (1960) concluded that extra-marital pregnancy was likely to be the chance result of normal teenage behaviour in a large industrial town (Manchester, in this case). Thompson (1956) associated illegitimacy with insecure family life, poor and overcrowded homes, recreational boredom and permissive subcultural attitudes (see also Illsley and Gill, 1968).

It is possible to see within professional child care and casework literature in the post-war years an increasing advocacy of the appropriateness of adoption for the unmarried mother. This contrasted, in some measure with the 'official' line pursued by various Royal Commissions set up to investigate issues of child care. Back in the 1920s, the Tomlin and Hopkinson Committees had stressed the paramount importance of the blood tie to the child (McWhimmie, 1973:155; Teague, 1989). The Ministry of Health during the war expressed the opinion single mothers should keep their children (adoption advice, to be impartially given, only in special cases). The Curtis and Hurst Committees expressed comparable views (eg Curtis, 1946:Para448; Hurst, 1954:Para26)

It is possible that this advocacy among adoption workers of adoption for unmarried mothers was related to the particularities of post war Britain. The establishment of the welfare state after the war provided some minimal standard of living for most families and this relative release from 'economic subjugation' along with developing psychoanalytic theories both freed the caseworker to focus upon 'psychological issues' and view extra-marital pregnancy as symptomatic of a psychological problem (Heywood, 1959:149; see also Wootton, 1959). However, see Pochin, 1969, Wimperis, 1960, Rowe, 1966, for the limits of the 'psychiatric' approach.

Additionally, a growing preference for adoption in these cases was tied to notions of the interests of the child and, more than this, the belief that these should take increasing precedence over those of the mother (for example, see Ford, 1955:53,183; and for a discussion of the measures taken in UK childcare legislation which reflect, broadly, the parental/child interests debate (eg probationary periods designed for parental safeguard versus those designed for safeguarding a child; medical testing of children versus medical testing of prospective adopters), see Ford, 1955; Heywood, 1959; Teague, 1989)).

This may have been connected to an increasing confidence in adoption which resulted from the conclusions drawn by a number of studies in the UK and the US regarding the outcomes (McWhimmie, 1967; Kornitzer, 1968; Seglow, Pringle and Wedge, 1972). This was accompanied by a shift in adoption away

from a preponderance of respectable working class parents towards middle class applicants.

It was estimated that approximately ten times as many adopters applied as there were babies available until the 1960s when the increase in babies available outstripped the increase in applicants. During this period, social workers began to place babies with those who already had biological children of their own (which could be rationalised as advantageous to the child because of the absence of the stress arising from infertility), where previously had held sway a view that adoption was a means for providing children to the infertile (McWhinnie, 1973). However, there has been a move back to placing babies with those who have no children of their own (as the 'market' has altered, and associated with notions of 'equity'). The waiting period for a couple on the waiting list has increased from weeks or months to years. Indeed, some find themselves disqualified by time as they reach the agency's upper age limit before a baby has been placed with them. Not all agencies insist upon marriage, though they do look for stability of relationship.

Even before the numbers of babies available declined, children previously considered 'unadoptable' began to be placed for adoption. Grounds previously used by agencies for refusing a child adoption included bad health, mental defect in the mother, dubious parentage and lack of information about the father (Teague, 1989:70). The number of older, mixed race and handicapped children placed has risen steadily. In addition to this, the numbers of 'own parent' adoptions, which had been rising, declined after the 1975 legislation which introduced the provision of 'custodianship' (Grey, 1970; McWhinnie, 1973; Appendix I, Table 13).

Another feature of adoption since 1926 has been its progressive professionalisation, rationalisation, regulation and homogenisation. There has been a tendency for the state to impose regulation and supervision upon the voluntary sector and to increase its own provision vis-a-vis the voluntary sector. (This process is still underway today as a number of smaller scale voluntary (often denominational) and specialist agencies give way to larger more comprehensive units within local

authorities.) The first major move towards improved and regulated standards of practice emerged from the deliberations of the Horsburgh Committee (1939) (whose measures include provision that all adoption societies should register with the local authority; that all adoption placements should be legalised). Other regulation, continued by later legislation, concerned third party placements, social work training, cooperation among organisations (see Curtis, 1946; Hurst, 1954).

Adoption, furthermore, became increasingly a 'team' affair: a multi-disciplinary approach established through the use of case committees, upon which also sat doctors and psychologists. The development of a professional social work code emphasising self-determination, respect for the individual and the uniqueness of each case had its impact on denominational care for unmarried mothers. Training which emphasised the social context of illegitimate pregnancy and increased statutory provision also shifted the focus away from moral and religious failing (McWhimmie, 1973).

Although the early studies evaluating outcome of transracial placements suggested their success (Raynor, 1970; Jackson, 1975, for example), this issue has now become one of the most controversial in the field of adoption drawing widespread comment (eg Guardian, 4.9.1989)). Whilst here it is the matter of cultural identity which is at stake, the other main area of controversy over the past decade or two has been another aspect of identity: that of the adoptee in connection with access to birth records (see, for example, Sants, 1964; Triseliotis, 1973, 1974; Haines and Timms, 1984).

Finally, we should note a trend which concerns the degree of permeability of the adoptive unit. The extent to which the adoptive child has been sealed off from her/his pre-adoptive past has varied since 1926. Key indicators have included: the rights of the natural parent(s) to stipulate qualities of the adopters (eg religion until 1975); the right of the child to inherit from the natural family (until 1949); the degree of knowledge mothers have of the adopters (eg through the requirement to appear in court, to sign a consent form containing the adopters' names (from 1939

until 1949); the requirement of adopters to tell adopted children of the fact of their adoption (recommended by the Hurst Committee, 1954). This committee also proposed strict procedures for enabling an adoptee to trace her/his parents, but this was not legislated for for another two decades (Josling and Levy, 1985:2); Teague, 1989:ch5; Hurst, 1954). In the 1920s, Tomlin described the 'fixing of a gulf' between the child's past and present a misguided, even perverse policy. Broadly, this gulf was progressively widened until the 1970s.

APPENDIX IV : A BRIEF OUTLINE OF MOTHERS' ADOPTION CAREERS

Ten mothers were interviewed having, among them, thirteen pregnancies and fourteen babies. Seven babies were adopted; seven were kept.

- CARMEL (1st baby) (age when pregnant: late teens) Abandoned by the baby's father - rejected abortion as a choice - parental pressure for adoption - opted to KEEP daughter.
- (2nd baby) (early twenties) Late recognition of pregnancy - separated from the father and did not inform him of pregnancy - concealed from most significant others - opted for ADOPTION of son.
- FIONA (early twenties) Abandoned by the father who was already married - rejected abortion - opted for ADOPTION of son.
- GAIL (late teens) Late recognition - did not inform father - concealed pregnancy from parents until 7 months - strong parental pressure for adoption - opted for ADOPTION of son.
- JEAN (mid teens) Pregnant in the 1950s - strong professional pressure to adopt - opted for ADOPTION of son.
- JENNY (late teens) Chose abortion but request refused - father initially supportive then left - ambivalent at birth - chose adoption and baby fostered - strong parental pressure to keep - father re-appeared and pressured to keep - opted to KEEP son.
- JULIA (1st baby) (mid teens) Late recognition of pregnancy - did not inform father - opted for ADOPTION of son.
- (2nd baby) (early twenties) Abandoned by father; parental support either way; opted to KEEP son.
- KAY (late twenties) Late recognition - close relationship with the father - disabled and dependent upon elderly parents - too late to consider abortion and chose adoption - finally opted to KEEP boy and girl twins.
- LIZ (1st baby) (early twenties) Abandoned by father - rejected abortion - pressure from paternal grandparents for 'quiet' adoption - opted to KEEP daughter.
- (2nd baby) (mid twenties) Separated from the father and did not inform him - concealed pregnancy from all significant others - strong parental pressure after birth to adopt - opted for ADOPTION of son.
- MARGARET (early twenties) Father already married but promised to set up new home - plan collapsed - opted for ADOPTION of son.
- SAM (mid teens) Late recognition of pregnancy - abandoned by the father - parental pressure for adoption - opted to KEEP son.

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