


# Parental experiences of relational stress and adjustment in the first 5 years after adoption

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## DECLARATION BY STUDENT

I, Claire Sarah Kriel, declare that the dissertation, **Parental experiences of relational stress and adjustment in the first 5 years after adoption**, reflects the work I have conducted and all the references that were used or quoted were acknowledged.

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## **DECLARATION BY LANGUAGE PRACTITIONER**

Hereby I declare that I have language edited and proofread the dissertation, **Parental experiences of relational stress and adjustment in the first 5 years after adoption**, by Claire S Kriel for the degree MSW in Social work.

I am a freelance language practitioner after a career as editor-in-chief at a leading publishing house.

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## **ACKNOWLEDGEMENTS**

I would like to say a special thanks to my husband, Timothy Kriel, and parents, Gill and Barry Smith, who have been a solid rock of support throughout the completion of this study. I would like to thank God for his constant provision of strength and perseverance allowing me to remain dedicated to this study. To Mrs I Jacobs, my supervisor, for the constant encouragement, guidance and patience that has made this process that much more bearable. To my children at The Bethany House Trust, your unconditional love and perseverance in life has taught me to how to overcome obstacles and brought so much joy into my life. Lastly, a big thank you to all the participants that opened up their lives and families, allowing me to gain a special insight into the real experience of being adoptive parents.

## **SUMMARY**

**KEYWORDS:** Adoptive parents; adoption; relational stress; adjustments; family stress theory.

The purpose of the study was to gain an understanding of the relational stress and adjustments adoptive parents experienced within the first five years after the adoption placement. The participants involved adoptive parents who had completed their adoption within years 2011-2015, within the Gauteng region of South Africa. It was hoped that with an understanding of the adoptive parents' real and "felt" experiences would contribute to knowledge that will enable adoption social workers to render a much needed holistic service to adoptive families.

The study was approved by the Human Research Ethics Committee and Faculty Board of the North-West University, Potchefstroom Campus (NWU). Consent was also obtained from the Gauteng Provincial Manager of the Department of Social Development.

A literature study was completed in order to obtain the necessary background upon which the findings of the empirical study could be based. Different foci came to the fore during the literature search which involved aspects such as historical changes within adoptions, the adoption process, challenges experienced by adoptive parents, the family stress theory, services and interventions available to adoptive parents overseas and the possible role of the social worker in support services within South Africa.

The researcher utilised a qualitative research approach and a phenomenological design which allowed her to, with the use of an unstructured interview schedule, capture the adoptive parents' experiences of relational stress and adjustment in the first five years after the adoption placement. The study involved a two-fold sampling design namely, purposive and snowball sampling which are both non-probability sampling techniques. Twelve participants were selected to participate in the study.

Thematic analysis was performed using Tesch's eight steps to data analysis to analyse data. During the analysis of data, two main themes were identified namely 'Experiences of relational stress' and 'Experiences of adjustments'.

The findings have been constructed according to different themes which highlight the experiences of the adoptive parents. The findings of the study showed that relational stress and adjustment influences the adoptive placement in terms of relationship building with the

child and on occasion even relationship breakdown of support networks and systems. The family stress theory is evident within the findings showing how environmental pressures and stress experienced impact relational quality if resources to address challenges are not in place.

Considering the above, the Department of Social Development should consider the importance of supportive services required by adoptive families. Policies and protocols should be developed in order for accredited adoption agencies and social workers to really act in the best interest of the adopted child.

## **OPSOMMING**

**SLEUTELWOORDE:** Anneemouers; aanneming; verwantskapstres; aanpassings; gesinstresteorie.

Die doel van die studie is om beter begrip van verwantskapstresaanpassings wat aanneemouers binne die eerste vyf jaar na die aannemingsplasing in die gesig staar, te kry. Die deelnemers sluit in aanneemouers wat hulle aannemingsprosesse vir die tydperk 2011-2015, binne die Gautengstreek voltooi het. Daar is gehoop dat 'n beter begrip van die aanneemouers se ware teenoor "ervaarondervindings" sal bydra tot kennis wat die maatskaplike werkers betrokke by aanneming sal help om 'n beter en uiters holistiese diens aan aanneemgesinne te lewer.

Die studie is deur die Menslike Navorsings Etiese Komitee en Fakulteitsraad van die Noordwes-Universiteit, Potchefstroomkampus (NWU) goedgekeur. Toestemming is ook van die Gautengse Provinsiale Bestuurder van die Departement Maatskaplike Ontwikkeling, ontvang.

'n Literatuurstudie is voltooi ten einde die nodige agtergrond waarop die bevindings van die ervaringsleerstudie gebaseer is, vas te stel. Verskeie fokuspunte het na vore gekom gedurende die literatuursoektogte, wat aspekte soos historiese verandering binne die aannemingstelsel, die aannemingsprosedures, uitdagings wat deur aanneemouers ondervind word, die gesinsverwantstresteorie, dienste en ingrypings beskikbaar aan aanneemouers en die moontlike rol van die maatskaplike werker in ondersteuningsdienste in Suid-Afrika insluit.

Die navorser het 'n kwalitatiewe navorsingsbenadering en 'n fenomenologiese ontwerp gebruik, wat haar toegelaat het om met die gebruik van 'n ongestruktureerde onderhoudskedule, die aanneemouers se ondervindings, of van hulle verwantskapstres en aanpassings in die eerste vyf jaar ná die aanneemplasing te bepaal. Die studie behels 'n tweevoudige steekproefneming, naamlik doelgerigte en sneeubalsteekproefneming, beide onsekere steekproefnemingstegnieke. Twaalf deelnemers is gekies wat aan die studie deelgeneem het.

Tematoetsingontledings is uitgevoer deur Tesch se agt stappe van data-ontleding te gebruik. Gedurende die ontleding van die data, is twee hoofemas geïdentifiseer, naamlik ondervinding van gesinsverwantskapstres en ondervinding ten opsigte van aanpassing.

Die bevindings is ooreenkomstig verskillende temas, wat die ondervindinge van die aanneemouers weergee, ingedeel. Die bevindinge van die studie wys dat verwantskapstres en aanpassingsinvloede die aanneemlasing in terme van verhoudings met die kinders te bou maar soms selfs verhoudings selfs verhoudings van ondersteuning en netwerke afbreek. Die gesinstresteorie is duidelik in die bevindings wat toon hoe omgewingsdruk en stres ondervind word en 'n impak op die kwaliteit van verhoudings, om die uitdagings aan te spreek, nie in plek is nie.

Alles hierbo in ag geneem, behoort die Departement van Maatskaplike Ontwikkeling die belangrikheid van ondersteuningsdienste aan aanneemouers te besef. Beleid en protokol behoort ontwikkel te word ten einde vir geakkrediteerde aanneemagentskappe en maatskaplike werkers die geleentheid te bied om werklik in belang van die aangenome kind op te tree.

## **PREFACE**

This dissertation is presented in article format as specified in rule A5.4.2.7 of the North-West University Potchefstroom Campus. The article presented in Section B is intended for submission and possible publication in the *Fostering & Adoption Journal*. Please take note that references provided in the article are according to the guidelines for authors as stipulated by SAGE publications and involve the SAGE Harvard referencing style. Section A, (Parts 1 and 2) is referenced by using the Harvard referencing style as indicated by the North-West University referencing manual of 2012.

The following is required of articles submitted to the *Fostering & Adoption Journal*:

Articles may cover any of the following: analyses of policies or the law; accounts of practice innovations and developments; findings of research and evaluations; discussions of issues relevant to fostering and adoption; critical reviews of relevant literature, theories or concepts; case studies.

All research-based articles should include brief accounts of the design, sample characteristics and data-gathering methods. Any article should clearly identify its sources and refer to previous writings where relevant. The preferred length of articles is 5,000-7,000 words excluding references.

Contributions should be both authoritative and readable. Excessive use of technical terms should be avoided and any key words that may not be familiar to most readers must be explained.

The time period chosen for this research study involved adoptive families who had finalised their adoption processes during the years 2011-2015. The researcher specifically chose this time period as the study commenced within 2015 and the researcher wanted to ensure that the study was relevant in terms of adoptive parents who had just adopted their child. This time period also ensured that all the adoptive families who took part in the interviews finalised their adoptions based on the current Children's Act no. 38 of 2005, which came into practice during late 2010.

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## **SECTION A**

### **PART 1: PROBLEM STATEMENT, RESEARCH QUESTION, RESEARCH AIM AND METHODOLOGICAL CONSIDERATIONS**

## 1.1 INTRODUCTION

The phenomenon of adoption has been with us for many years and the earliest ever recorded incidence of adoption was found on a basalt slab dating back to 1750 BC (Palacios & Brodzinsky, 2010:270). This phenomenon is also found to be spread across different cultures throughout the world as is found in a variety of different literature available on adoptions such as Bowie (2004:47), Palacios and Brodzinsky (2010:270), Ratshidi (2016:4) and Volkman (2005:34). Within a study done by Ratshidi (2016:4), it was noted that although in many African cultures, formal and legalised adoptions are not utilised due to ancestral ties, the concept of adoption still exists within their cultures. This is especially seen where African children are in many instances cared for by their grandparents or other relatives (Barbara & Heston, 2006:5).

In South Africa adoptions have also since 2010 received renewed attention when the current Children's Act no. 38 of 2005, was promulgated. This change in legislature placed a newfound focus on permanency in the lives of children making adoption the best possible option for orphaned or abandoned children. Policy documents such as that of the recently tabled White Paper on Families by the Department of Social Development (2013) also places a focus for social workers throughout South Africa on the importance of family care and how all children should be granted the opportunity to flourish within a family setting.

Wegar (2000:363) found that many of the studies that have been done on adoptions seem to place a focus on the impact that the adoption has on the adoptive child, where the experiences of adoptive parents often been completely overlooked and dismissed. In the following discussion the researcher will therefore focus on the rationale for the study and the problem that has been identified and the research question that followed from the problem statement.

The discussion will further focus on the research methodology which will involve discussions such as the selection process of the participants, the data collection and data analysis methods.

Finally the discussion will focus on the constructs that were employed in order to ensure the trustworthiness of the study as well as the ethical aspects that were kept in mind in order to ensure that the study did not cause harm to any participants whilst bringing to light their experiences of relational stress and adjustment within the first five years of the adoption.

## **1.2 RATIONALE AND PROBLEM STATEMENT**

The researcher had both a professional and personal interest in the focus of this study due to the fact that she is currently working within a Child and Youth care centre where a focus is placed on obtaining the best possible family placement for each child. Each placement made from the Child and Youth care centre is carefully thought through and planned in order to ensure that the needs of the child as well as that of the adoptive family is considered. Similar to what previous research has highlighted (Wegar, 2000:363), the researcher has also found that even although both the adoptive child and the adoptive parents' needs are taken into consideration during the placement process, the experiences of the adoptive child however seem to outweigh that of the adoptive parents. It left the researcher to wonder what role the experiences of the adoptive parents have on the successfulness of an adoptive placement. Personally the researcher has recently formed part of a cross-racial adoptive family where relationships are tested each day. Adjustments are made on a daily basis and the family is often ostracised by society. The researcher has experienced how society still struggles to come to terms with the phenomenon of adoption and the possibilities it holds for children in need and their adoptive families.

In a recent publication from the Children's Institute, Delany, Jehoma and Lake (2016:108) report that South African adoption statistics show that there are approximately 1.8 million children in need of a permanent placement such as adoption. In 2013, 1 669 adoptions were reported to have taken place. In 2014 the adoption numbers decreased as only 1 448 adoptions were reported. The year 2016 seemed to have reported the lowest number of adoptions with only 1 165 adoptions reported. These statistics show how over a ten-year period from 2004-2014, there was a decrease in adoptions by 50%. In 2016 a further decrease of 30% was recorded. In Kwa-Zulu Natal (the province with the largest number of orphans), only 8 adoptions took place in 2016. Literature however explains this decrease in adoptions to be related to statutory efforts put in place to re-unify children with their biological families. Often for children who are removed from, orphaned or abandoned by their biological families, statutory intervention places a focus on efforts to re-unify them with their biological families (Scott, Lee, Harrell & Smith-West, 2013:292). From experience, however, the researcher is of the opinion that although in some instances re-unification with a biological family member may be in the child's best interest, often children are left "abandoned" in the system with the thought that the child must wait for their biological family to "rehabilitate or pop up" again. This is directly contradicting to the Children's Act which places a focus on efforts to permanently place children in need in stable homes that are in their best interest (Children's Act no. 38 of 2005, 2008:20). Re-uniting children that have been through the trauma of a removal with their biological families is according to Grobbelaar (2015), an accredited adoption social worker

working in Gauteng, rare. This is due to the fact that often the re-unification services provided by welfare agencies today are not of a standard that will really “rehabilitate” the families of those children. Grobbelaar (2015) further states that in order to ensure permanency in the lives of these children the option of adoption should more frequently be considered.

Overall it can be understood that the primary goal of section 7 of the Children’s Act no. 38 of 2005 (2008:20-22), namely the principle of “the best interests of the child”, requires stability in a permanent placement through interventions such as adoption and permanency planning in the lives of children found to be in need of care; and protection. According to the Department of Social Development (DSD) (2010:6) and the Children’s Act no. 38 of 2005, (2008:74), adoption is: “the protecting and nurturing of a child, found to be in need of care and protection, by providing a safe, healthy environment with positive support that promotes the goals of permanency planning by connecting a child to another safe and nurturing family relationship to last a lifetime.”

According to Hull (2016:4), when a permanent placement takes place one needs to ensure that the child and family concerned are able to overcome any barriers or obstacles that may occur as this will ensure the needed protection and nurturing for the child concerned can be provided over time. Different to natural family situations, overcoming obstacles with children in adoptive families is often not supported by a strong, stable parent-child bond developed since the birth of the child. Being first time parents very often also brings about specific challenges such as to deal with a judgemental society as well as coming to terms with the “special needs of the adopted child”. Therefore, adoptive families more frequently experience relational stress and adjustments that can prove difficult to overcome, affecting the overall successfulness of the adoptive placement. According to Mac Donald, Propp and Murphy (2001:73), adoption related problems and challenges do not occur in a steady, conventional manner, but rather occur in a string of achievements and hurdles over a period of time creating experiences of relational stress and adjustment throughout the adoptive placement.

According to Atkinson and Gonet (2007:93), behavioural issues followed by school-related issues, adoption issues, attachment issues and social adjustment issues seemed to be the most prevalent problems experienced by the adoptive parents who expressed dissatisfaction within their adoptive placement. These behavioural problems experienced included a wide variety of challenging behaviours such as clingy behaviour, manipulation, attention deficit disorders, stealing and aggression (Atkinson & Gonet, 2007:93). As argued by Atkinson and Gonet (2007:93), many of the behavioural issues are complicated by mental health issues such as Attention Deficit Hyperactivity Disorder (ADHD), Reactive Attachment Disorder (RAD) and Oppositional Defiant Disorder (ODD). Atkinson and Gonet (2007:98) found that the

adoptive parents who did not receive the needed support from professionals and family alike struggled to maintain healthy and positive relationships for their adopted children, creating relational stress leading to relationship breakdowns.

Another challenge that could lead to a decrease in relationship quality within adoptive families is highlighted by Dhimi, Mandel and Sothman (2007:175) and involves the fact that often adoptive parents may struggle with the issue of openness about the adoption, be it openness towards the adoptive child, or the broader society. Adoptive parents struggle to be open with regards to the adoption which can often cause feelings of guilt or doubt for the adoptive parent creating stress and tension in the adoptive family. It could place a strain on the new family relationships as well as create a family environment of “unstable” attachments formed between the adopted child and adoptive parents (Dhimi *et al.*, 2007:175). In many occasions adoptive parents struggle to overcome such stress leading to relational breakdown or even unsuccessful adoptive placements as cited in Ottaway, Holland and Maxwell (2014:15).

Gaining an in-depth understanding of both the needs and experiences of the adoptive parents and adopted children can be associated with greater stability in adoptive placements (Barth & Berry, 1988:34; Brooks, Allen & Barth, 2002:213; Houston & Kramer, 2008:156; Smith & Howard, 1994:492), increased parental satisfaction (Rushton & Monck, 2009) and improved understanding of adoption and adopted children (Dhimi *et al.*, 2007:167). From literature it however seems as if a body of knowledge already exists with regards to experiences of adopted children. Even studies that did relate to the adoptive parental experiences also appeared to have examined the developmental outcomes of adoptees (McKay & Ross, 2011:59; Sánchez-Sandoval & Palacios, 2012:1284). Sánchez-Sandoval and Palacios (2012:1286) have also found in the few studies that focused on parental stress, that the parental stress that was examined was associated with difficult adoptions such as those involving children with special needs. The outcomes of the studies conducted in South Africa on adoption also seemed to have focused on the adopted child’s adjustment and wellbeing (Rochat, Mokomane, Mitchell & The Directorate, 2016; Skosana & Ferreira, 2016).

The aim of this study was therefore to focus on the adoptive parents and on their experiences of relational stress and adjustment in the first five years after adoption. Focussing the study on the relational stress and adjustments that adoptive parents experience was therefore important for the researcher in order to contribute to knowledge that will enable adoption social workers to render a holistic service to the needs of the key role players in the adoption process; namely to that of the adoptive child as well as that of the adoptive parents.

Gathering information on the specific adaptive processes according to the Family Stress Theory (Patterson, 2002:352; Wilmoth & Smyser, 2009:156) assisted the researcher in gaining an understanding for adoptive parents' experiences of relational stress and adjustment. According to Smith (1984:3), family stress can be defined as, "a real or imagined imbalance between the demands on the family and the family's ability to meet those demands" (Lavee, McCubin & Patterson, 1985:812; Patterson, 2002:349; Thomason & Havice, 2009:1; Wilmoth & Smyser, 2009:156). Since research participants in general and in this context specifically, sometimes find it difficult to articulate their experiences in concrete terms, an exploration with regards to stress events, the family's responses to the stress events and resources applied in the resolution or adjustment to these stress experiences provided the kind of rich descriptions which enabled the researcher to articulate the participants' experiences into specific needs that require attention when working with adoptive families. The researcher is therefore of the opinion that the current study made a contribution towards the generation of service related knowledge as indicated by the White Paper for families (2013:38).

### **1.2.1 Research question**

In light of the above contextual discussion the research question formalised for the current study was:

What relational stress and adjustments did parents experience within the first five years after adopting a child?

## **1.3 RESEARCH AIM AND OBJECTIVES**

The aim of the study was to explore and describe parental experiences of relational stress and adjustment in the first five years after adopting a child.

In order to achieve the aim the following objectives were formulated for the purpose of the study:

- To conduct a literature review on the phenomenon of adoption to ascertain the possible impact this phenomenon has on an adoptive family as a whole in order for it to serve as a foundation on which to base the empirical findings
- To explore and describe parental experiences of relational stress and adjustment in the first five years after adoption through the use of unstructured interviews;
- To draw conclusions and recommendations to adoptive social workers for the purpose of creating better services suited to address the experiences of the adoptive parent.

## **1.4 THE CENTRAL THEORETICAL ARGUMENT**

It is specifically argued that a focus on adoptive parents' experiences of relational stress and adjustment throughout the adoptive process may highlight problem areas which in the long run could lead to a breakdown in relationships, creating doubt, guilt and worst case scenario a failed adoptive placement. Gaining first-hand information from adoptive parents regarding their experiences of relational stress and adjustment in the first five years after the adoption placement could therefore assist accredited adoption social workers with their service delivery to adoptive parents. It is further likely that new and contextually relevant services may be identified based on the knowledge gained from the study which could call for specific future interventions, not just with regards to social work service delivery but also with identifying standards that social work agencies and social workers in private practice need to adhere to in order to be accredited as an adoption social worker.

## **1.5 DEFINING CONCEPTS**

The following key concepts were considered important for the purpose of the study and therefore needed further clarification.

### **1.5.1 Adoption**

Section 228 of the Children's Act no. 38 of 2005 (2008:74) defines adoption as an alternative placement option aimed at providing stability for a child in need of care and protection. With adoption a child is placed in the permanent care of an individual by means of a court order. Section 242 of the same act (2008:82) continues to state that, "a legalised adoption order can fully terminate parental rights and responsibilities". A further requirement of Section 242 is that the adopted child must for all purposes be regarded as the child of the adoptive parents after the adoption placement has been made.

Lancaster (2009:29) describes adoption as a unique way of creating a new family, in that a child, who was previously disadvantaged, is offered a new start with a family and a permanent and stable home. For the purpose of this study, adoption will be seen as the act in which a child in need is permanently placed into the care of a new family with a valid court order, creating a new home and opportunity for the child concerned.

### **1.5.2 Adoptive parents**

According to Finlay (2006:23), adoptive parents could be defined as a parent who has adopted a child who is not theirs by blood. It implies that the child taken into their family is of a biological descent different to that of the parents, but that the parents adopt the child as their own.

Watkins and Fisher (1993:59) refer to adoptive parents as parents who take on the responsibilities of birthparents.

For the purpose of this study adoptive parents will be defined as the parents who unconditionally accept a child other than their biological child into their home and take on all responsibilities toward the said child as stipulated by the legal placement via a court order.

### **1.5.3 Relational stress**

The researcher was unable to find a clear definition for the concept of relational stress, however, the following definitions link to the concept of relational stress.

According to the Australian Psychological Society (2012:1), stress can be defined as an emotional response to environmental pressure. Stress is often experienced with feelings of worry, being overwhelmed or tense. If stress is not addressed it can become harmful as it interferes with a person's ability to function within a normal life setting.

On the opposite side of the relational stress continuum, stands relational wellbeing. According to Fahey, Keithly and Polek (2012:2) and Watkins, Roos and Van der Walt (2011:15), relational wellbeing is influenced by the quality of the care and support that family members experience, in other words, the care and support that not only the adoptive child experiences but also that the adoptive parents experience.

According to Lazarus and Folkman (1984), relational stress as a term can be described as "a relationship between the person and the environment (stimulus) that is appraised by the person as ... exceeding his or her resources and endangering his or her well-being". Maliski (2013:6) explains the concept of relational stress to be stress that stems from an interpersonal relationship, producing feelings of loneliness, lack of belonging and a threat to a relationship.

Relational stress according to this study, can be defined as a person's inability to develop positive relationships with those around them due to perceived pressures, misconceptions, negative opinions and environmental demands.

### **1.5.4 Adjustment**

Adjustment can be defined as a method in which a person develops variations in behaviour in order to adapt to changes brought about by the environment or other people. These variations in behaviour are aimed at maintaining a state of equilibrium between the individual and the environment (Chakradhari, Singh & Verma, 2016:139).

Adjustment in the context of this study can be defined as steps taken by a person to change behaviour in order to adapt to challenges or changes within their physical, emotional and social systems and environments.

### **1.5.5 Family Stress Theory**

According to Smith (1984:3), family stress can be defined as, "... a real or imagined imbalance between the demands on the family and the family's ability to meet those demands" (Lavee, McCubbin & Patterson, 1985:812; Patterson, 2002:349; Thomason and Havice, 2009:1; Wilmoth & Smyser, 2009:156). The Family Stress Theory, also known as the Double ABCX Model, was first developed in 1949 by Professor Hill and is frequently used in assessing family processes. This model looks at four aspects in family processes, namely:

- Stress events

These preliminary stressors are defined as, "a life event or transition impacting upon the family unit which has the potential of producing change in the family social system" (Patterson, 2002:350). With regards to this study on adoptive parents' experiences of relational stress and adjustment, it could be said that the main stressor due to the adjustment period for both the adoptive parents and children occurs when a child is first placed into the adoptive family.

- The family's available resources to meet the crisis

Stress events are more likely to cause a crisis in natural families but more so in adoptive families, drawing on family resources and coping mechanisms such as parental character strengths, parenting styles, attachment development abilities, and support from extended family, but also supportive services offered from the adoptive social workers.

- The families' perception of the stress

Adoptive families exposed to good support networks and resources in times of difficulty are more likely to see adjustment crises from a different perspective than those families that do not have the needed support and resources (Patterson, 2002:350). Support available therefore plays a vital role in the process of adoption and the adjustment and stress period as it will ensure that issues are effectively dealt with. Overcoming these issues will strengthen the family. This will ensure wellbeing within the family, which will contribute to the success of the adoption placement.

- Adjustment

According to McKay and Ross (2011:58) from a Family Stress Theory perspective, the researcher will understand that “the adjustment period to parenthood constitutes an interactional process between demands and available resources”. This means that when these two aspects, namely stress events and resource availability are “balanced”, the shift to parenthood is more likely to be experienced as positive. However, when these two factors become “unbalanced”, the adjustment is likely to become increasingly difficult (Patterson, 2002:351).

Understanding the issues and experiences of relational stress and adjustment of adoptive parents, may assist the researcher to gain an understanding of the specific causes in relationship breakdown and in some cases failed placements. This understanding will also highlight possible needs that adoptive families may encounter, helping the adoption social worker to create appropriate services to address these experiences. For this purpose, adoption related relational stress and adjustment may be viewed through the lens of the Family Stress Theory.

## **1.6 THE RESEARCH METHODOLOGY**

### **1.6.1 Literature study**

A literature study was done using academic search engines such as SAGE publications, Ebsco-Host, NEXUS, thesis and dissertation links and Google scholar which were all accessed through the library services available at the North-West University. At first the researcher tried to focus the search for literature on South African related articles, however it was found that very little research has been conducted in South Africa in regards to the experiences of relational stress and adjustment of adoptive parents. The researcher then widened her scope and included that in international publications. Further literature on the historical changes in adoptions, the adoption process and programmes and interventions available to address challenges faced by the adoptive parents were explored through the articles obtained via these search engines. Literature found through the literature search was also used to verify the results with after the data were analysed. The in-depth study into literature available has assisted the researcher to gain an understanding of the challenges faced by adoptive parents and how they are connected to relational stress and adjustments in adoptive families.

### **1.6.2 Research design**

The nature of the research topic required a qualitative research approach. According to Fouché and Schurink (2011:308), Patton (2002:2) and Rubin and Babbie (2013:40), qualitative research allows the researcher to gain deeper understanding into meanings of human experiences. Hancock, Ockleford and Windridge (2009:6) explain that qualitative research focuses on the description and interpretation of an issue that may possibly lead to a new concept or phenomenon. With this study it was hoped that information could be provided about the “human” side of an issue that is, what relational stress and adjustments adoptive parents had experienced within the first five years after the adoption placement.

Fouché and Schurink (2011:308) also state that a very important factor in the use of a qualitative approach would be the researcher’s personal interest and curiosity as a source for the topic. The intended research is of particular interest to the researcher, as the researcher is a social worker practising within an organisation that is accredited to perform adoption services and presently does not have a functioning support programme to help adoptive parents deal with any form of relational stress and adjustment.

A study of this nature required careful consideration of the specific design to be used. In view of the indirect exploration of parental experiences of relational stress and adjustment implied by this research, a phenomenological design was regarded as most appropriate since it allowed for in-depth experiential exploration. A phenomenological design is used where phenomena (i.e. the adoptive parents’ experiences of relational stress and adjustment) were studied within their real-life contexts, for the purpose to gain a better understanding of the circumstances (Burns & Grove, 2003:360; Lester, 1999:1). The phenomenological design mandates the use of unstructured methods and a single question with probing questions were therefore used to gain sufficient depth in the exploration. The phenomenon under investigation was furthermore considered to be the post adoption family situation.

### **1.6.3 The population**

According to Fouché and Delport (2011:110), a population can be understood as the group of people or individuals from which the participants will be selected or asked to partake in the research project. The research study consisted of adoptive parents within Gauteng, who were willing to participate in the study. For the purpose of this study the researcher defined the target population, namely adoptive parents of a variety of ethnic groups, as the parent or parents who have adopted a child of another family within the specific time period from 2011-2015 and now assume the full rights and responsibilities as parents towards that child. These parents had been selected as the target group as their adoption process would have been

managed and concluded according to the terms of the Children's Act, no. 38 of 2005. This time period was further decided upon as would provide information with regards to adoptive parents' experiences of relational stress and adjustment in the first five years after adoption.

The Gauteng area was targeted due to the fact the South African Child Gauge of 2010-2011 suggested that, this province has the largest number of adoptive families within the country. The adoptive children in this study did not form part of the population as according to United Nations Department of Economic and Social Affairs (2007:89) the average age of an adopted child falls between the ages of 2 and 6 years. As the research population for this study only included families who have adopted a child from 2011 to 2015 the likelihood of the adopted child being able to fully comprehend the research process was slim and would therefore not have been beneficial to this research study. Children also form part of a vulnerable group and including them within the study could result in a number of other ethical issues. Adoptive children are also not always informed of their adoption therefore including them within this study could cause undue trauma to them, as they would be informed of the fact that they have been adopted.

#### **1.6.3.1 The sample method and size**

According to Botma, Greeff, Mulaudzi and Wright (2010:199), there are two guiding principles in qualitative sampling, namely appropriateness and adequacy. In order to achieve appropriateness and adequacy the researcher made use of non-probability purposive and snowball sampling. According to Rubin and Babbie (2013:171), non-probability sampling can be understood as the use of a procedure to select a sample that does not involve random selection.

Purposive sampling is the most common sampling strategy in qualitative research as it allows for researchers to find cases that will provide in-depth information which will fit the purpose of the study (Patton, 2002:12). Purposive sampling was considered the most appropriate sampling for the current study as the researcher was interested in collecting data from a specific group of participants, namely adoptive parents. The researcher gained access to the adoptive parents through accredited adoption social workers. Information of accredited adoption social workers was obtained through the database for accredited adoption social workers available on the add-option Website, [www.addoption.org.za](http://www.addoption.org.za). However, as adoptive parents often do not make their adoption public, and might have adopted their children from accredited adoption agencies outside of Gauteng, the snowball sampling technique was employed to access more participants (Strydom, 2011b:233). For this purpose, accredited adoption social workers were requested to ask the adoptive parents on their case load to bring

them in contact with other possible participants that they are aware of and who fit the inclusion criteria for the study.

Strydom and Delpont (2011:328) indicate that “there are no rules” for the sample size in qualitative research and that the sample size will depend on what one wants to discover, the purpose of the investigation, what will be helpful and what can be done within the available time. Apart from the fact that there are no rules for the size of the sample, it is furthermore also difficult to determine beforehand what the sample size of a qualitative research will be, as the data collection efforts will only stop once data saturation was achieved. The concept of data saturation according to Marshall, Cardon, Poddar and Fontenot (2013:11) entails “... bringing new participants continually into the study until the data set is complete, as indicated by data replication or redundancy. In other words, saturation is reached when the researcher gathers data to the point of diminishing returns, when nothing new is being added.”

In accordance to what Marshall *et al.* (2013:21) have found in a recent study namely that a good sample size for a qualitative approach focusing on a phenomenological design would be between 12 and 30 interviews, 12 adoptive parents took part in the study

#### **1.6.3.2 The inclusion and exclusion criteria**

The inclusion criteria for the adoptive parents were as follows:

- Any adoptive parent or parents who have adopted a child during the period 2011-2015 and who lived within the Gauteng area.
- Both single, life partners and married adoptive parents were included in the study in order to obtain well rounded and in-depth information on their respective experiences of relational stress and adjustment within the first five years of having adopted a child.
- Adoptive parents who have provided the researcher with written informed consent and who were willing to be interviewed jointly if married.
- Adoptive parents of both sexes as well as same sex couples that have adopted a child in the set time period.
- Adoptive parents who were fluent in Afrikaans or English. These languages have been chosen due to the fact that not only is English the most universal language but, Van Nes, Abma, Jonsson and Deeg (2010:315) highlighted the fact that when languages between the researcher and participants differ, it is often necessary to involve an interpreter. A challenge arises here as often not only meaning but information is lost in translation, making the data collected not a true reflection of the opinions of the participants. Due to the in-depth nature of this specific study the researcher was of the opinion that it was vital that the collected data was complete and comprehensive,

therefore not “lost in translation”. Secondly, the welfare organisations that were approached to help with identifying potential participants, mainly communicate with their clients in English and Afrikaans, therefore requiring the communication medium to be Afrikaans or English.

- Adoptive parents who have not adopted the biological child from a family member or relative, in other words the adoption should be a non-related adoption. Non-related adoptions were chosen due to the fact that relational stress and adjustments could be vastly different in terms of intensity as there is no existing relationship between the adoptive parents and the child.
- Adopted parents who have not adopted a child who has stayed with the adoptive family in foster care longer than two months at the time of the formalisation of the adoption. This latter criterion was necessary as adoption processes sometimes could take years to be finalised and which could have opened the possibility that adoptive parents could have been selected who knew the adopted child longer than the set period.

Participants were not excluded on grounds of multiple adoptions prior to the study as this only enriched the experiences of participants. Adoptive parents of adopted children with confirmed or unconfirmed mental health, developmental or behavioural issues were also not discriminated against. It was envisaged that the presence of such issues would only enrich the experiences of parents.

The exclusion criteria for this study were as follows:

- Potential participants who present with observable clinical symptoms of trauma, intense conflict or any clinical psychosocial condition judged to be requiring therapeutic counselling or psychiatric intervention. The rationale for the exclusion criteria was because it was believed that participation in the study potentially could add to these symptoms and would therefore not benefit the participant or the research.

#### **1.6.4 Recruitment of potential participants**

In order to obtain access to potential participants the following process was followed:

- Before commencing with the study the researcher first obtained ethical clearance from the North-West University’s Health Research Ethical Committee (HREC) to conduct the study and permission from the Department of Social Development (DSD) to involve accredited adoption social workers working for DSD in the recruitment process.
- Identification of other accredited adoption social workers in private practice and private adoption organisations operating in the Gauteng area of South Africa was done through

the add-option website. Thereafter letters to introduce and explain the study were emailed to all the relevant social workers in private practice as well as at relevant welfare organisations. These social workers acted as the mediators for the study. These letters of invitation (Appendix A) were written in English explaining the purpose and process of the study in as much detail as possible in order for the relevant mediators to know what will be expected from them and also for the potential participants to make informed and voluntary decisions to partake in the study. Twelve adoptive parents responded to the letters of invitation and agreed to partake in the study. These names were sent through to the researcher by the respective mediators together with the required informed consent forms (Appendix B) to indicate the participants' voluntary participation.

- Once the researcher was informed of the 12 participants, they were each contacted telephonically and via email in order to set a date, time and location best suited to each participant.

### **1.6.5 Data collection**

Interviewing is the predominant mode of data or information collection in qualitative research as it leads to interaction, and allows for the researcher to establish an understanding of what is happening in the individual's life (Greeff, 2011:342). According to Kvale (1996:89), an unstructured interview can be considered as one of the main data collection methods in phenomenological research where the researcher obtains a comprehensive picture of the participants' opinions or perceptions on a specific experience as well as the opportunity to gather in-depth understanding of the participants' experiences. It is also stated in the work of Patton (2002:89) and Streubert and Capenter (1999:60) that the phenomenological design involves the probing in unstructured interviews in order to establish patterns within phenomena to understand the "essence of the participant's cognitive processes" regarding a common experience. Within this current study a focus was therefore placed on understanding of a social phenomenon and gathering data to determine generalisations. The main purpose of using an unstructured interview for this research project was thus to get an in-depth picture of parental experiences of relational stress and adjustment in the first five years after adoption.

The researcher made use of an unstructured interview schedule (refer to Appendix C) that was compiled prior to the empirical research. Even though the interview schedule guided the unstructured interviews, the researcher did ask probing questions in order to obtain the most valuable data and to respond on what the participants shared. The researcher tape recorded all unstructured interviews with the permission of the participants for purposes of data analysis. In most cases, both adoptive parents were interviewed although in one case, where there was a single adoptive mother, both herself and life partner were interviewed as both partners were

able to provide detailed accounts of relational stress and adjustments related to the adoption. The life partner referred to here, however, is not a legal adoptive parent of the concerned child; however, the concerned child does refer to her as her mother. The couples were interviewed together in each set of interviews in order to obtain the most holistic parental experience within the adoptive family.

All but one of the unstructured interviews took place in a private and confidential setting in the adoptive parents' homes. One interview took place in the home of the researcher as the participants felt that the researcher's home would be best suited for the interview. It was important for the researcher that the unstructured interviews were held in a setting where only the researcher and the participant were present and in a setting that was not directly accessible to other individuals who did not form part of the research study.

Interviews were conducted in a non-threatening way (i.e. making use of principles such as empathy and a non-judgemental attitude). The participants were free not to respond to any question that they were not comfortable with. The researcher started the interviews with "non-threatening" topics such as asking the participants how they travelled to the venue or how their day was going. Throughout the interviews the researcher made use of interview techniques such as active listening, paying attention to verbal and non-verbal cues, paraphrasing, and reflection (Greeff, 2011:345) in order to ensure that participants were in agreement and felt comfortable with the information that was being recorded.

The researcher had reviewed the interview schedule with colleagues and the study leaders to ensure that the question was of appropriate wording. Furthermore, in order to familiarise herself with conducting unstructured interviews the researcher, with the assistance of the study leaders, completed a pilot study beforehand with a colleague. All the questions (which included the probing questions as well) that were asked during the unstructured interviews were relevant to the research topic and contributed towards achieving the specific aim of the research project and to answering the research question.

The researcher also made use of field notes. According to Mack, Woodsong, Macqueen, Guest and Namey (2014:9), field notes are used for supplementary documentation of the discussion, documentation of the researcher's observations, and as a backup in the event that the recording system fails. The researcher used the field notes in order to keep track of the conversation and to keep focused on the topic at hand during the unstructured interviews. Lastly, the researcher also incorporated member checking as a way to ensure that the participants were happy with the way their message was conveyed to the researcher. Member checking took place at the end of each interview. According to Schurink, Fouché and De Vos

(2011:420), the importance of member checking was that it helped to ensure that the subject at hand was accurately identified, understood and interpreted.

### **1.6.6 Data analysis**

The nature of the data has to be considered before deciding on an appropriate data analysis strategy. The data in this study were qualitative, rich data reflecting deep accounts of participant experiences regarding the adoption situation and their processes of managing relational stress and adjustments associated with the adoption over time. Data showed that repeated experiences were shared and that participants naturally referred to help-seeking behaviour, or attempts to seek support from friends, formal helpers or family members. Since the researcher did not want to be directive by asking direct questions related to help-seeking behaviour it was likely that references to help-seeking and response to stress behaviour would be implicated in the accounts of experiences. The task of the researcher was to interpret these accounts and identify specific help seeking behaviour sequences in order to make meaning of these and interpret as service needs. According to Babbie (2007:378), qualitative analysis “is the non-numerical analysis and interpretation of observations, for the purpose of discovering underlying meanings and patterns in relationships”.

During the analysing of the data, the researcher considered the words, context and frequency of certain comments based on the 8 steps of Tesch’s qualitative data analysis model as it is described in De Vos and Fouché (1998:343-344). These steps involved the following:

- The researcher first carefully read through all the transcriptions, making notes of ideas that emerged from the data.
- One interview was selected at a time and read in order to discern the meaning in the information against the themes or topics that emerged. Here the researcher also compared the information from the interviews to that of the field notes in order to confirm any themes and topics identified.
- After going through all of the transcripts, the data was arranged in groups of similar topics by forming columns labelled for major themes and for unique themes.
- The researcher then abbreviated the themes as codes and wrote the codes next to the appropriate segment of the text. The organisation of the data was then observed and checked to see if new categories or codes emerged.
- Once that was complete the researcher then reduced the total list of categories by grouping topics together that were related. Lines drawn between the categories would indicate the interrelationship of different categories.

- A final decision was then made on the abbreviation of each category and the codes were arranged alphabetically.
- The data material belonging to a category was put together and a preliminary analysis was performed.
- Finally, the recoding of the data was done in the form of writing the research report (De Vos & Fouché, 1998:343-344).

Prior to the finalisation of the report, the researcher conducted a literature comparison to increase the trustworthiness of the findings and locate the study in existing knowledge. This furthermore enabled the researcher to compare and contrast the findings to those in literature. This increased the scientific value of the study.

## **1.7 TRUSTWORTHINESS OF THE STUDY**

According to Schurink *et al.* (2011:419-422), there are four constructs which must be considered in deciding upon the trustworthiness of a qualitative study. The first of these constructs is credibility, which ensures that the subject identified is accurately described, understood and interpreted. The second construct is that of transferability, which is created when a researcher is able to generalise findings. The generalisation of findings within a qualitative study is often questioned and therefore requires the researcher to show that the findings of the researcher can be seen in a similar case. The third construct is dependability, which is accounted for when the researcher is able to show the process followed was well documented. The fourth construct is that of confirmability, which is linked to the question of objectivity, where the researcher takes steps to ensure that the research process followed can be repeated again in another study where similar results will be obtained. The four constructs are subsequently discussed in relation to how it was incorporated in the study so as to guarantee the trustworthiness of the study.

### **1.7.1 Credibility**

Credibility in qualitative research is defined as "... the extent to which the data and data analysis are believable and trustworthy". Credibility is equivalent to qualitative research's "internal validity", that is, the way the research project reflects reality. Ensuring the credibility of a research project such as the current research, however, is difficult as the data collected were based on the participants' subjective experiences and how they viewed their social reality. Shenton (2004:64) suggests that researchers should incorporate the following important aspects in order to ensure the credibility of a research project:

- The use of well-established research methods

Within this study, unstructured interviews were chosen as it links with the phenomenological design, with both aiming at gaining in-depth understandings of a situation. Field notes and member checking were also incorporated throughout the study to support the data that were gathered during the unstructured interviews. The field notes used were a way to 'support' data collected from the unstructured interviews. For instance, if the participant expressed anger because there are no aftercare support services, the researcher would (because of the field notes taken) support such a statement by recording observations of emotional stress such as becoming red in the face and speaking faster and louder.

- The development of early familiarity with mediators

In this regard in order for the participants to be identified, contact with mediators needed to be made in advance and the researcher ensured that this was done in order to ensure best practice. Here Shenton (2004:65) explains that contact with the mediators should not influence them in such a way that the response of participants is influenced. The researcher therefore tried to balance contact with the participants by requesting that the mediators send them the detailed information about the study via e-mail. This provided them with the option to respond in their own time without feeling pressured to respond immediately should the researcher approach them in person.

- Incorporating tactics to ensure honesty

The interviews were conducted in a non-threatening way (i.e. making use of principles such as empathy and a non-judgemental attitude). The participants were ensured that they were free not to respond to any question that they were not comfortable with and the researcher adhered to this throughout all the interviews. Participants were furthermore also not misled with regards to what the aim of the study was and what would be expected of the participants. The mere fact that participants were also given the opportunity to choose the venue for their interview, according to the researcher contributed to the participants experiencing the researcher as being honest and accommodating.

- Member checking

Member checking took place after the unstructured interview of each of the participants. Through member checking, the participants were given the opportunity to clarify any information that they have shared so as to ensure that what they had shared with the researcher during the interview, was in fact really what they wanted to share. The manner in

which this was done was that the researcher would, with the use of the field notes, ask the participants to clarify certain comments that were mentioned or aspects that were observed during the interview with the researcher.

- The use of debriefing sessions

This aspect was incorporated in each interview where the participants were allowed the opportunity to engage in a debriefing session with the researcher. The debriefing session in other words occurred after the member checking. The session was done in order to allow the participants the opportunity to reflect on their thoughts and feelings of the interview once it was completed. The debriefing session thus was not seen or used as a counselling session. For this purpose, participants were informed beforehand via the informed consent document that should they be in need of counselling as a result of their participation in the study, that they would be referred to the social worker originally involved in their adoption process for counselling.

- Literature study

As the researcher collected the data from the participants she engaged in a literature study to verify the findings with an existing body of knowledge.

### **1.7.2 Dependability**

This construct in qualitative research can be compared to reliability in quantitative research. Dependability entails that the researcher needs to ensure consistency and the possibility of the findings to be replicated in a similar context. The fact that human behaviour, needs and attitudes are often subjective, may make it difficult for the researcher to ensure dependability. The researcher therefore needs to ensure that the research process is logical, well documented and that an audit trail is being left for possible future research on a similar topic (Schurink *et al.*, 2011:420). Shenton (2004:71) suggests that in order to ensure the logical documentation of the process that the detailed process notes need to include a description of the planned design and how it was implemented, how the data were collected in the field and an evaluation of the process that was chosen to elicit this data.

In order to ensure that there was a detailed audit trail, the researcher kept detailed “process notes”. All these documents, the correspondence between the researcher and the study leaders as well as between the researcher and the mediators are all kept in a file on the researcher’s computer. Furthermore, the detailed research report also serves as an audit trail that can be used should a similar study needs to be replicated.

### **1.7.3 Transferability**

According to Schurink *et al.* (2011:420), transferability can be understood as how one's findings of a situation in the research can be transferred to another situation. This aspect therefore looks at how the findings of the study can be "generalised" to another situation. In terms of this research project the researcher is of the opinion that the findings will be transferable seeing that a diverse population was involved in the study, with a number of participants who represented a variety of possible adoptive parents. In order to enhance the chances of transferability the researcher further kept detailed process notes on the research methods taken, on the contexts of the study and the assumptions underlying the study. Shenton (2004:70) further mentions that in order to ensure the possibility of transferability it is important that the following information is being made known:

The number of organisations taking part in the study and where they are based:

- Proper recording of the details of the social workers who acted as mediators was done and is stored within a file on the researcher's computer.
- Any restrictions relating to the people who contribute data, including detailed background information on adoptive parents. This was considered in the specific inclusion and exclusion criteria of the study.
- The number of participants involved in the research: 12 participants took part in the study.
- The data collection methods that were employed: Unstructured interviews which correlated with the research design were employed to collect in-depth data on the participants' experiences.
- The number and length of the data collection sessions: 12 unstructured interviews were conducted which lasted more or less an hour and a half each.
- The time period over which the data was collected: Data was collected over a period of 1 year.

It is believed that by making specific information known will not only allow readers to gain a comprehensive understanding of the research setting but will also create the opportunity for the possible generalisations of the study to other similar settings (Seale, 1999:49).

### **1.7.4 Confirmability**

According to Schurink *et al.* (2011:420), this construct can be understood as an objective of the research as it refers to the objectivity and neutrality of the data. It was therefore important for the researcher to analyse both the subjective attitudes of the participants and that of the researcher in order to ensure that no subjective data were collected. In order to achieve this, the researcher employed the following strategies:

- The main tool that was employed to achieve confirmability was member checking which gave the researcher the opportunity to ensure congruency between herself and the participants about the accuracy, relevance and meaning of the data.
- By employing interview skills such as paraphrasing and reflecting (Greeff, 2011:345), the researcher gave the participants the opportunity to 'hear' the message they have conveyed, and in turn giving them the opportunity to correct any misunderstandings.
- In addition, the process notes made by the researcher were documented in a comprehensive manner so as to ensure that no data were missed.

## **1.8 ETHICS CONSIDERATIONS**

Ethics, according to Strydom (2011a:114), can be defined as, "... a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers and assistants and students." In order to adhere to the ethical standards of the North-West University for conducting research, attention was given to the following ethical aspects as referred to in Appendix B:

- Obtaining permission to conduct the study  
The study received ethical clearance under the ethical number NWU-00071-16-S1 (See Appendix F). The study also received permission from the Department of Social development (See Appendix E).
- Voluntary participation of the participants  
The researcher ensured that no participants took part in the study, unless they had expressed that they were voluntarily willing to do so. Please see Appendix B where all participants were expected to sign that they agree that their participation within the study is completely voluntary.
- Informed consent  
This was achieved in the fact that the participants were informed beforehand of what was expected from them. They were also informed of the time that was allocated for the interviews, what the interviews would entail, that they were free to not answer all the questions and that they could withdraw from the study at any point.
- Ensuring the privacy, anonymity and confidentiality of the participants  
The researcher assured that all the personal information of the participants was kept confidential by adhering to the concepts of privacy, anonymity and confidentiality as set out in Strydom (2011a:115-120). Strydom (2011a:115-120) also expresses that the

gatekeepers and mediators are obligated to abide by the regulations regarding confidentiality as set out by their respective professional boards. The personal identification information of the participants is only known to the researcher and the mediators.

In the analysis of the data the researcher ensured that names of participants were not used in the findings and that all information received from the unstructured interviews remained anonymous. Ensuring anonymity was achieved by allocating a reference number (i.e. participant 1) to each participant. In this way the researcher also knew which data can be linked to which participant.

The coding process itself also helped the researcher to ensure that the data collected remained confidential as the data collected from the different interviews were processed and grouped in similar themes thereby providing anonymity to the data coded.

During the interviews the researcher recorded what was being said. Following that interview the recording was then transferred to the researcher's computer for storage and transcribing. The researcher then immediately deleted the recording from the recorder to ensure that no other person had access to it. The researcher transcribed the data herself.

- Storage of the data

The transcriptions used in the unstructured interviews are being stored within a locked cabinet in the researcher's office to ensure confidentiality. All reports, personal information and findings were captured and/or scanned, and stored on the researcher's personal computer with password protection. Only the researcher has access to the data within the locked cabinets or stored on the computer.

## **1.9 SUMMARY**

Within this part of the study, being that of Section A part 1, an outline of the problem statement and research methodology was discussed. Section A part 2 examines relevant literature within a local as well as international scope, providing the required background pertaining to the study. Section B is presented in article format that refers to a discussion on the results of the interviews conducted and a conclusion of the findings. The last part of the dissertation, namely. Section C provides an overview of the research process and a reflection on the strengths and limitations of the research. Recommendations and contributions of the findings to the knowledge regarding relational stress and adjustment experienced by adoptive parents and the possible services that social workers could provide are also addressed in Section C.

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## **PART 2: LITERATURE STUDY**

## **2.1 INTRODUCTION**

In a country with a high percentage of vulnerable and abandoned children, adoption potentially could be seen as a solution in providing much needed permanency and protection to many of these children (Mokomane, Rochat & the Directorate 2011:347). Statistics, however, show that permanency and the needed stability are often provided to only a few of these vulnerable children in South Africa. Mokomane and Rochat (2010:21) in this regard mention that approximately only five percent of the total child population in need of care in South Africa is adopted and provided with permanency in their lives. On the other hand, over 900 000 children are either in foster care, reside in a registered Child and Youth Care Centre (CYCC), still form part of a child headed household, or are on the streets. A concerning matter is not only that but research conducted by Blackie (2014:5) shows that the number of adoptions are decreasing each year and that adoption disruptions are at the same time on the increase. According to Henwood (2016:5), very little research has been conducted into the experiences of South African adoptive parents and the challenges they face during and after the adoption process. It is essential to “develop insight and understanding into the challenging factors faced by these parents in order to provide services that are suited to their needs and promote stability and the development of healthy attachment relationships in adoptive families” (McKay & Ross, 2010:604).

In the following literature review attention is given to the current trends in South Africa with regards to the statutory process, the changes that have occurred in adoption over the years and the challenges that adoptive parents seem to experience globally. Attention is also given to existing programmes and interventions available to adoptive families and the role of social workers in the adoptive process. The theoretical frameworks that guide the current study, are the systems theory and Bowlby's attachment theory which also receive attention in the following discussion.

## **2.2 TRENDS WITHIN THE STATUTORY PROCESS AND THE IMPLICATIONS FOR ADOPTIONS**

A recent study done by Blackie (2014:8) on the circumstances around child abandonment within South Africa noted that during 2012 and 2013, about 4.5 million children out of approximately 18.5 million children resided with someone other than their mother or father. These results supported results from a similar study conducted by the South African Institute of Race Relations (2013:1) who established that the number of abandoned children and orphans has increased by 29% over the years prior to 2012. Research done by Blackie (2014:8) at the same time showed that adoptions decreased by 52% and foster care grant

recipients increased by 72%. A reason for the decrease in adoptions could possibly be ascribed to the large gap in financial aid allocated for foster care children than what is made available to adoptive families through child support grants (Blackie, 2014:260). In 2013 the South African Social Security Agency (SASSA) disclosed that there were 11 341 988 children registered for child support grants and 532 159 for foster care grants (Stats SA, 2013:2).

The National Adoption Coalition of South Africa (NACSA) completed a review of the unmatched parents and children on the Registry of Adoptable Children and Parents (RACAP) in November 2013. The review showed that there were 297 unmatched parents who were willing to adopt a child, but, most were seeking to adopt a child of their own race and of a young age. Furthermore, hardly any of the unmatched parents would consider adopting a child with special needs. Of the 297 unmatched parents 190 were white, 43 were Indian and 14 were African. Most of the children, who have been declared adoptable on the list which added up to 410, were of an African race or classed as a child with special needs. Due to the preferences of the adoptive parents, the review done by RACAP in November 2013 showed that on average there were overall only 29 possible adoptive parents available for around 428 children registered on RACAP (Blackie, 2014:9). In shrill contrast with the 428 children registered on RACAP, Jackman (2013:18) however pointed out that there were in actual fact around two million children available for adoption in South Africa during the period of the RACAP review in 2013. A concerning matter with regards to the potential two million children available for adoption, is that the most recent statistics from the Department of Social Development indicate that adoptions have decreased significantly over the past decade with only 1 699 adoptions taking place in 2013, from the 2 840 that took place in 2004 (Blackie, 2014:9).

Apart from adoptive parents' adoption preferences, there are other reasons that also contribute to the decreasing in the number of adoptions that are taking place. Blackie (2014:25), for instance, describes how foster care should be considered as a temporary answer for children who have been abandoned, orphaned or neglected and abused, and the adoption of these children as the permanent plan. In the researcher's experience as a statutory social worker it does however seem as if foster care has become the 'permanent plan' for abandoned and vulnerable children as many families are opting to keep these children within the foster care system due to the financial aid. Adopted children in South Africa are not allocated a distinct grant other than the small amount provided by the child support grant. Many orphaned or abandoned children who are available for adoption have been placed into a foster care placement, as the family relies on the foster care grant and sponsorship of school fees in order to be able to provide for that child. The Children's Act no. 38 of 2005 (2008:20)

however clearly states that all orphaned or abandoned children should be made available for adoption if the parent or guardian cannot be traced in order to improve the stability within their lives. This however is often not the case (Blackie, 2014:26), in turn contributing to the low numbers of adoptions taking place.

Blackie (2014:27) noted that another reason for the decrease in adoptions over the past few years could be due to child protection social workers who believe that children in need of care should rather be absorbed into their extended families, which they consider as a 'natural solution' for children in need of care and protection. Grobbelaar (2015), who has a different opinion about adoption to the previous opinion, states that adoption should more frequently be considered for all vulnerable children within South Africa, however system "outfalls" and differing opinions of those working in the field of child protection do not allow for such placements to take place.

The problem of failed family re-unification attempts according to the researcher also seems to contribute to the low number of adoptions taking place. Often neglected and abused children are required to follow a process of family re-unification as stipulated by the Children's Act no. 38 of 2005 (2008:63), whereby there is a hope that within a year or two the child will be reunited with their family. From experience however these cases are rare and often by the time a child is declared adoptable via the Children's court there are no parents willing or available to adopt a child that is older or who has been in the system for an extended period of time.

Mokomane and Rochat (2012:14) in their study noted that the decrease in adoptions over the years may not only be linked to the reasons as stated above. According to these authors, the possible causes in adoption disruptions and low levels of new adoptions taking place could well be linked to socio-cultural issues, relational stress and adjustment issues and the development of behaviour challenges. Dhimi, Mandel and Sothman (2009:163), McKay and Ross (2010:608) and Randall (2009:44) highlighted in their studies that because adoptive parents experience an array of complex parenting challenges with little support and guidance they do not have the willingness to advocate for further adoptions of children in need. This has had an impact on the number of new adoptions taking place as people are put off the process by the experiences of others.

Working in the field of adoption and foster care, the researcher herself has noticed that often the possible "adoptive" parents, who approach a social worker for a child, seem to favour the long-term foster care placement as there is a fear that the child taken in may exhibit challenges in the future that they as adoptive parents will be unwilling or unable to work through. The

feeling that foster care is less permanent leaves them with a gap for an “escape plan” where they are able to “return” a child to the system.

## **2.3 HISTORICAL CHANGES WITHIN ADOPTIONS**

According to Halloran (2015:39), adoptions all over the world have been through some drastic changes over the past few years. Previously adoptions took on characteristics based on the society and its distinct boundaries, structured roles and well-ordered social relations (Halloran, 2015:42). As societal expectations and roles have changed over the years so have the expectations with regards to adoptions. Examples of this could be how adoptions were kept closed and a secret. Infertility was shameful to a family and not openly discussed. In contrast with this, in today’s society adoptions are made open to those around them and celebrated by many. Issues of infertility are spoken about openly and stories are shared by many in order to encourage others experiencing the same problems (Halloran, 2015:42).

Halloran (2015:39) states that the current forms of adoption very much reflect the unique pressures on modern family life in western society. Trans-racial adoptions are widely accepted and supported in today’s society with a number of people opting to adopt children from a different race. In some ways it has even become popular as many international celebrities have adopted internationally as well as trans-racially as seen in the article written by Rosen and Rueb (2012).

According to Halloran (2015:40), the noticeable changes in the adoption world involve the following:

- Over the years a big change in adoptions has come where often adoptions were “closed” in the sense that the adoptive parents did not know who the biological parents of the child concerned were and *vice versa*. These adoptions were referred to as the blind adoptions. In the modern society however this has become less frequent and in fact adoptions have become more “open” in terms of adoptive parents and biological parents having contact regularly and adopted children growing up knowing they are adopted and who their biological parents are (Halloran, 2015:40).
- Step parent adoptions have become popular over the years where the concept of marriage has become flexible and infrequent in modern society. A “second spouse” often takes on the role of the primary care giver for many children. In such situations however the second spouse would not have legal rights over such a child. The step-

parent adoption then lends itself to providing a reconstituted family for children where they feel loved, cared for and protected by two parents (Halloran, 2015:40).

- Adoptions of children, who have complex special needs, have also picked up over the years. The reason is that the known number of healthy babies that are put up for adoption has decreased, thus pushing those who want to adopt to expand their “adoption criteria” and take in children with special needs. These special needs children include children suffering from HIV/Aids, children with medical conditions, and children with difficult behaviour or disabilities to name a few. In the past children with these needs would often have been placed into institutions for long-term care (Halloran, 2015:40).
- Adoptions due to invitro-fertilisation (IVF) or surrogacy have been on a steady rise over the past few years in countries such as America. South African legislation previously required that any child born from surrogacy be adopted however the newest Children’s Act no. 38 of 2005 no longer requires this and a surrogacy agreement is put in place. This type of adoption however allows for adoptive parents to explore a modern medical option of adoption that can sometimes contain some of their genetic make-up. Although this route can be extremely expensive and time consuming many families in today’s world are making use of these options and adopting these children in order to obtain their legal rights as the parents of the children (Halloran, 2015:40).
- As stated previously as marriage and past traditional families have changed and become less “nuclear” and rigid so has the families created through adoptions. Many adoptive families consist of single parents and same sex partners, which was difficult or impossible to do in earlier years. These families however with the right support structures in place have been able to provide safe and stable homes for those children in need and are slowly becoming more acceptable in the eyes of society (Halloran, 2015:40).

From the above discussions it is clear that a variety of acceptable ways in which children can be adopted have presented themselves over the past few years. One thing however that has always been in place is the legal adoption process, along with its joys and frustrations. According to Ferreira (2009:131), legal adoptions can take place in South Africa in the following forms:

- *Related adoption:* A child is adopted by someone they are related to. Step-parent adoptions are often included within this category and there is often a higher level of openness when it comes to this form of adoption (Ferreira, 2009:131).
- *Disclosed adoption:* Both the biological parents and the adoptive parents of the child would know the others' identity. Often post-adoption agreements are included within this type of adoption in order to allow for contact or an exchange of information in the future. This is a very open form of adoption (Ferreira, 2009:131).
- *Closed adoption:* No identifying details are available or exchanged between the adoptive parents and biological parent of the child. There is no level of openness to this form of adoption (Ferreira, 2009:131).
- *National adoption:* A legal adoption where both biological and adoptive parents are South African citizens or have permanent residence in South Africa (Ferreira, 2009:131).
- *Same-race adoption:* An adoption form where the race of the adoptive parents and child is the same (Ferreira, 2009:131).
- *Inter-race adoption:* An adoption form where the race of the child and adoptive parents differs (Ferreira, 2009:131).
- *Inter-country adoption:* A legal adoption where either the child or parents are not South African citizens (Ferreira, 2009:131).

Although there has been a great change in societal acceptance towards adoptions and many adoption options are available in South Africa, statistics still show that there is an overall decrease in adoptions that are taking place (Blackie, 2014:9). According to Goldberg (2009:156), although the option of adoption is available in South Africa, many prospective adoptive parents are "put off" by the lengthy and expensive adoption process. The adoption process is extremely lengthy and requires intensive pre-adoption services, statutory work, and aftercare support services to help adoptive parents address any challenges that may arise.

## **2.4 ADOPTION PROCESS**

According to Henwood (2016:25), Jones (2010:37), Luckock and Hart (2005:125) and Niemann and Weiss (2012:205), adoption can be seen as a strategy to compensate children who have been harmed or put at risk by their birth parents, and to link them to high quality care as well as a new family which is obtained through comprehensive assessments and

evaluations done in the adoption process. Today there are only approximately 20 countries worldwide that do not provide for legal adoptions to take place (United Nations: Department of Economic and Social Affairs, 2009:15). South African policies in child protection promote adoption as an option that, unlike foster care or a Child and Youth Care Centre, provides permanency, stability and complete family membership for a child in need of care (Mokomane, RoCHAT & the Directorate, 2011:347). In countries such as that of the United States of America (USA) placement options of temporary safe care or foster care with the prospective adoptive parents are first granted to ensure the suitability of the adoptive parents and a development of a relationship between the adoptive child and parents (Jones, 2010:2; United Nations: Department of Economic and Social Affairs, 2009:34). Henwood (2016:2), however, states that this sadly is not the case in South Africa as the Children's Act no. 38 of 2005 (2008:63) requires that a child remain in alternative care such as a Child and Youth Care Centre until the adoption is finalised, where after the child is then only placed with the adoptive family. The development of a strong relationship and bond is often hampered by this fact as the act does not allow a child to be placed into the care of their adoptive parents until the adoption process is finalised. Henwood (2016:2), however, expresses that although countries differ in their method of adoption, two important points are the same in all countries: First of all, adoption *per se* is seen as an action which is done in the best interests of the child and secondly the prospective adoptive parents are considered to be the most suitable for the specific adopted child.

Viljoen (2011:1) explains that the adoption process in South Africa is not vastly different to international processes. The process often begins with the relationship between the biological parents and the child concerned. More often adoptable children come from a background where there is an insecure attachment and bond between themselves and their biological parents (The Child Welfare Information Gateway, 2006:2). Holmes (1993:70), as cited in Henwood (2016:18), explains that an insecure attachment forms when children experience an unpredictable and sometimes frightening attachment basis with their biological parents. Such a child is more likely to view the world as a distrustful place and be hesitant to explore it. These insecurity attachments very often stem from a crisis pregnancy, child neglect, abuse, or abandonment. In some cases, the nature of this type of relationship in turn leads to biological parents signing consent for the adoption of their child or the Children's court takes the decision to dispense with the consent for adoption (Henwood, 2016:23; The Children's Act no. 38 of 2005, 2008:77; Viljoen, 2011:2).

Before the biological parents are able to sign consent, each biological parent is expected to undergo counselling with an accredited adoption social worker with regards to what it entails

when one provides consent for the adoption of one's child and what possible implications could come into play in such a situation (Henwood, 2016:23; Jones, 2010:2; Viljoen, 2011:1). The counselling could consist of one session, or of a few sessions to ensure that the biological parents are in agreement with their decision (Viljoen, 2011:1). Once the social worker is satisfied that the biological parents fully comprehend and understand the adoption process and the possible implications, an appointment will be made at the Children's Court. The chosen Children's Court will be in the area where the biological parents reside as the consent form needs to be signed before the Presiding Officer (The Child Information Gateway, 2006:3; Henwood, 2016:23). After signing consent, biological parents have a 60-day period during which they can withdraw their consent, otherwise their consent becomes binding (Children's Act no. 38 of 2005, 2008:77).

The Children's Act no. 38 of 2005 (2008:78), Section 234, also allows for a Post Adoption Agreement to be put in place where a contract regarding communication or visitation and provision of certain information may be made. Viljoen (2011:3) states that a Post Adoption Agreement is a formal agreement between the biological parents who have provided the consent for their child to be adopted and the adoptive parents of the concerned child. In a situation like this, the agreement would then become part of the court order. The content of this agreement will depend on the relationship between the biological parent and adoptive child prior to the adoption and has to be in the best interest of the child (Viljoen, 2011:2).

According to Henwood (2016:24) and The Child Welfare Information Gateway (2006:2), once the biological parents have signed consent or the Children's Court has dispensed with consent, the next step of an adoption would be to look at or complete the required assessments of both the child concerned and prospective adoptive parents. These assessments are to be done within the beginning stages of the adoption process in order to ensure the best possible placement for both the child in need as well as prospective adoptive parents is found. The first of these assessments would establish the "adoptability of the child" which must be proven before an adoption can be granted (Child Welfare Information Gateway, 2006:2).

The Child Welfare Information Gateway (2006:2) together with Viljoen (2011:1) state that the second part of the assessments done would be to establish whether the person(s) adopting is "fit and proper" to do so. As with the adoptive child the prospective adoptive parent(s) will also be screened in order to gain an understanding of their motivation to adopt, parenting ability, stability, their expectations of the adopted child and overall readiness for the challenges of becoming an adoptive parent. This type of screening often involves various interviews and evaluations where a home visit, a marriage assessment and an individual assessment would

be done (Henwood, 2016:25; Jackman, 2013:18; Viljoen, 2011:2). Prospective adoptive parents are also asked to provide the social worker conducting the screening with a medical report, personal reference letters and proof of income that will be used later on in order for a comprehensive adoption report to be written (Viljoen, 2011:2). Although the prospective adoptive parents may feel that their privacy has been invaded, these assessments and evaluations are vital in ensuring that the adoptive children are placed into the best possible placement for them.

Luckock and Hart (2005:125) state that during the assessments, the adoption social workers and the prospective adoptive parents should already start addressing what could be expected from an adoption and the possible challenges that could arise when they take a new child into their family. In doing this the adoption social worker and prospective adoptive parents could begin to look at specific aftercare support services that could assist the adoptive family if such challenges should arise. Luckock and Hart (2005:127) express that the provision of this type of prepared and resourceful parenting could have an impact on adoption disruptions as it will help the adoptive family to address challenges in a resourceful way.

Once the assessments have been done by the social worker and both assessments are favourable in terms of the child concerned being identified as “adoptable” and the prospective adoptive parents being found to be “fit”, matching the child to available parents can be done (The Child Information Gateway, 2006:3). Throughout the matching process the social worker and prospective adoptive parents should be aware of any possible outfalls the child may have (Luckock & Hart, 2005:125). As experienced by the researcher, the prospective adoptive parents are often in a “honeymoon” phase during the matching process due to the excitement of meeting their potential adoptive child. At this point the prospective adoptive parents are blinded to any challenges the child may bring. Therefore, the researcher is of the opinion that adoptive parents need to be prepared for adoption specific challenges during the assessment phase in case challenges should arise. According to The Child Information Gateway (2006:3), adoptive parents need to make an informed choice with regards to accepting a child into their family in order to ensure that the placement is the best possible match for both child and adoptive parents.

Viljoen (2011:3) states the next step in the adoption process would be for the relevant forms and reports to be obtained and compiled. The following forms are required from the adoptive parents:

- A Form 30 of the Department of Social Development and they would be provided with a letter confirming that their name is not on the Sexual Offences Register (Children's Act no. 38 of 2005, 2008:80).
- A Police Clearance would also be necessary (Children's Act no. 38 of 2005, 2008:80).
- Certified copies of the parties' ID documents and marriage certificate would be required (Children's Act no. 38 of 2005, 2008:80). The child also needs to have a comprehensive medical report done (Children's Act no. 38 of 2005, 2008:80). The social worker then also needs to compile a report containing the adoptability of the child concerned, the readiness and appropriateness of the adoptive parents as well as relationship between the child and the proposed adoptive parent (Children's Act no. 38 of 2005, 2008:80).

The last steps would involve submitting the completed adoption application, consisting of all documents and reports required, to the Department of Social Development (DSD) for an evaluation and approval (Viljoen, 2011:4). DSD will, if satisfied with the application submitted, provide an approval letter, where after the reports can be submitted to court. The adoptive parents would apply to adopt the child by signing a form 60 at court (Children's Act no. 38 of 2005, 2008:81). The application may be done earlier in the process at some courts; however, the norm is for it to be done once all the assessments have been completed. Once the adoption is finalised, the child may take on the adoptive parent(s) surname and the adoptive parent(s) will have full rights and responsibilities towards the child as if the child was born to them (Viljoen, 2011:4).

## **2.5 CHALLENGES FACED BY ADOPTIVE PARENTS**

Although adoptions can be extremely joyous and exciting, many times adoptive parents experience a wide array of challenges involving aspects such as frustration with the adoption process, lack of communication of child specific challenges, attachment and relational stress issues and lack of aftercare support to name a few. South African adoption procedures and processes often receive negative attention from the community, particularly around organisational issues such as long waiting periods, and challenges that adoptive families experience mainly due to a lack of adoption support (Farber & Louw, 2015:3; Hamilton, 2010:2; Tlhabi, 2015:16).

### **2.5.1 Challenges in the adoption process**

Goldberg (2009:156) states that prospective adoptive parents would, even before they have a child placed into their care, most likely come across two adoption specific stressors, which may include aspects such as:

- Contacting adoption agencies after much debate about whether to adopt, whilst feeling unsure and frustrated with their struggles in dealing with infertility. The researcher is of the view that prospective adoptive parents have by the time that they have decided to adopt a child, done so much deliberating about the adoption that taking the initial step of making contact to enquire about adoption is extremely emotional and is accompanied by high expectations. Social workers dealing with the adoption process must be “mindful of the possible heightened emotional state and answer these first enquiries about adoption and the process, if not with empathy then at the very least professionalism” (Finlay, 2006:29).
- The extremely lengthy and frustrating adoption process, including the adoption preparation, screening and matching. To add to the possible frustration of the adoption process, adoptive parents might also be met with doubts or ignorance by extended family members, friends and work colleagues about the adoption and a further scrutiny by professionals. Inconsistency by adoption agencies or organisations presents itself as the biggest shortcoming of facilitating the adoption process. In a study done by Finlay (2006:31) some of the greatest inconsistencies that lead to adoption process challenges were that of varied waiting periods. An example provided in this regard shows how some participants waited nine months to have their child placed with them despite the fact that the legal processes of the child have legally been dealt with. In contrast there were participants who had a child placed with them within 60 days after initiating the adoption process. Finlay (2006:31) states that these inconsistencies in the adoption process are viewed as the inability of staff to use time effectively, attend to administrative assessments and prioritise resources.

### **2.5.2 Adoption parenting challenges**

According to Foli and Thompson (2004:15), having high expectations and trusting your heart in the adoption process is one thing, but, being unprepared for adoption is another. Due to the fact that there is often a lack of resources, communication and information provided to some adoptive parents during the adoption process, Atkinson and Gonet (2007:93) found that the most prevalent issues experienced by adoptive parents were that of parenting an adoptive child. Adoptive parents expressed that they felt unprepared for the challenges of parenting a

vulnerable and traumatised child. Some of the challenges brought to light through the study of Atkinson and Gonet (2007:93) were those of behaviour issues of the adopted child followed by school-related issues, adoption identification issues, relational stress, attachment issues and social adjustment issues.

Specific behaviour problems that Atkinson and Gonet (2007:93) highlighted included behaviour such as, being clingy, manipulation, attention deficit disorders, stealing and aggression. It was found that many of the behaviour issues that develop among adoptive children are complicated by medical conditions such as ADHD, reactive attachment disorder, oppositional defiant disorder and conduct disorder to name a few. Often support for these medical conditions are not given to the adoptive parents which makes dealing with the behavioural issues that come from these medical conditions more difficult (Atkinson & Gonet, 2007:93). Adoptive parents very often do not foresee such behavioural challenges and it therefore needs to be highlighted to them during the initial assessment processes. The assessment process needs to include all possible challenges related to the adoption, and the impact it could have on their relationships, security and functioning.

In conjunction with the challenges mentioned, Goldberg (2009:157) found that there could be additional challenges, adjustment issues and relational stress factors encountered by lesbian, gay, bisexual and transgender (LGBT) adopters, or those who adopted a child of another racial or ethnic group, making the parenting of an adopted child even more challenging. Goldberg (2009:157) expressed that it is therefore vital that all adoptive families be linked to a support network that would be able to help the adoptive family overcome these challenges in order to function optimally.

### **2.5.3 Challenges in obtaining adoption support**

Bonin, Beecham, Dance and Farmer (2014:1512) and Mc Donald, Propp and Murphy (2001:87) state that studies done in the United Kingdom (UK) showed that adoptive parents feel that there is a lack of support provided to them in terms of information and communication regarding the challenges of adoption and the support available to them. In a similar study done by Atkinson and Gonet (2007:93), adoptive families highlighted a variety of problems and issues that they have had to face, but which they were not prepared for during the initial adoption processes. In another study with 67 adoptive parents done by the Council of Family and Child Caring Agencies (2014:11) in the UK it was reported that:

- 58 percent of their children needed specialised health care
- 68 percent had an educational delay

- 69 percent exhibited misconduct
- 83 percent exhibited some other kind of serious behavioural problems.

It was further indicated that only 47 percent of the adoptive families in this study were provided with the needed support in order to address these challenges. The other families expressed that in their case the adoption agencies were unable to attend to their needs as there were no resources available or the agencies minimised the issues and did not get back to them (Council of Family and Child Caring Agencies, 2014:11). In the researcher's view this lack of support provided could in turn lead to a large increase in the number of failed adoptions.

According to within South Africa there is no policy which exists to guarantee multidisciplinary support to adoptive families and adoptive parents are often forced to seek their own resources (Finlay, 2006:28). The researcher is of the view that due to insufficient funds and resources only the very basic adoption services are being provided to South African parents, neglecting needed aftercare support services to address adoption challenges.

#### **2.5.4 The development of relational stress and adjustment issues**

Goldberg, Kinkler, Moyer and Weber (2014:221) expressed that any change into a family system, such as the transition into parenthood, requires adjustment and will in turn create challenges and stressors within the family. Good support systems are therefore vital in overcoming any issues that may arise. Goldberg *et al.* (2014:221) use the families' system theory to explain that a family is a system of independent persons. Any change in the system will therefore upset the balance of the system, causing some adjustment which may bring about specific challenges. This is especially true for adoptive families as they experience a number of unique challenges associated with adoption.

##### **2.5.4.1 The instant parent**

Quinton, Rushton, Dance and Mayes (1998:156), as cited in Tasker and Wood (2016:526), describe adoptive parents as parents who experience "instant parenthood". Tasker and Wood (2016:526) query the possible implications that such instant parenthood may have on the successfulness of the placement and whether or not it may have an impact on adoption disruptions. Finlay (2006:31) found in her study conducted with trans-racial adoptions that becoming an instant parent leaves the parents with very little time for preparation which in turn leads to a longer period of time needed to adjust to the new way of life. Even for the adoptive parents who had planned and discussed their adoption in great detail the time that elapsed between being notified that a child had been identified for placement and that child being placed in most instances is very short and not always sufficient to be fully prepared.

According to the Child Welfare Information Gateway (2015:5), after months or years of looking forward to become a parent, the enthusiasm of the actual adoption can often lead to some feelings of depression or being “let down” in some adoptive parents (Foli, 2010:379; Senecky, Agassi, Inbar, Horesh, Diamond, Bergman & Apter, 2009:66).

A study done by McKay, Ross and Goldberg (2010:125) focused on the experiences of adoptive parents soon after the adoptive child was placed into their care. Within this study McKay *et al.* (2010:125) focused on how a couple adjusts to adoptive parenting and the possible changes in their “mental health, physical health and couple relationship satisfaction in the immediate post-adoption period”. The study found that feelings of becoming an instant parent led to complicating issues such as post-adoption depression. These issues that arouse from the feelings of being an instant parent led to a number of adjustment problems for the adoptive parents as well as an increase in relational stress between spouses, between the adoptive parents and the adopted child as well as between the adoptive family and their extended family and friends (McKay *et al.*, 2010:125).

Post-adoption depression has also been found in a study conducted by Foli (2010:380) in the USA. In this particular study about 21% of the adoptive parents who have adopted a child, between the ages of 1 year and 24 months, identified themselves as, “having been depressed at some point post-adoption”. Foli (2010:386) found that these parents often held idealistic hopes of being a ‘super family’ and with expectations of “problem-free family life” that were not met in the reality of adoption. It was then stated that adoptive families in their entirety would experience some type of relational stress and adjustment within the first few years of their adoption. In a study conducted by Senecky *et al.* (2009:67) on post adoptive depression adoptive parents’ rates of depression were not that different to that of biological mothers in the post-partum period. Goldberg (2009:156) found that, similar to that of a biological parent, an adoptive parent will experience new challenges as they adjust to being a parent and add to their family systems.

#### **2.5.4.2 The difference between the adoptive parent and the biological parent experience**

According to Tasker and Wood (2016:526), the quick transition into parenthood from both biological and adoptive families is a challenge and requires a lot of time and effort from the parents. Senecky *et al.* (2009:66), however, noted that adoptive spouses and partners might experience a greater struggle to provide the needed support to each other as they are “stretched by these new challenges”. This type of stressor will often affect the relational well-being of a family and it needs to be addressed early on in the adoption process in order to prevent further possible problems. Tasker and Wood (2016:526) found that often adoptive couples experience relational stress even before they have a child placed with them. This type

of stress often stems from infertility and a strong desire to have children of their own and their inability to properly discuss this with each other. It was also found by Senecky *et al.* (2009:65) that relational stress between spouses was especially high early in the adoption process as adoptive couples struggled to be able to adjust to “sharing” one another with the adoptive child.

Interesting however is that many studies done over the past years, according to Tasker and Wood (2016:522), have found that the adjustment to parenthood for adoptive parents can in some instances be less stressful than adjustment to parenthood after birth. Experiencing less stress seems to be especially true in cases where the adopted children are young. The reason for this could be because adoptive parents are in general somewhat older than birth parents and have learnt more coping responses during their life course (Tasker & Wood, 2016:523). Financial insecurity seems to be another aspect that might be less stressful for adoptive parents. This is due to the fact that “adoptive couples tend to be more financially secure at time of entry into parenthood” (Tasker & Wood, 2016:526).

When a permanent placement such as that of an adoption placement takes place, one needs to ensure that the child and family concerned have the required skills and resources to overcome any barriers or obstacles that may occur. Different to natural family situations, overcoming obstacles such as that of attachment issues with children in adoptive families, is often not supported by a strong, stable parent-child bond developed since the birth of the child, making it more challenging for the adoptive family.

### **2.5.5 Social adjustment and attachment**

Dhami *et al.* (2009:163) and Mc Donald *et al.* (2001:87) state that although many adoption cases are successful and provide the needed permanency for the adopted children, there are still those that fail. Research is unclear on reasons for this failure and queries are being raised as to whether it is related to the adoption process carried out in the beginning, or perhaps the experiences of adjustment and stress within the family after the adoption has taken place.

According to Dhami *et al.* (2009:163); McKay and Ross (2010:608) and Randall (2009:44), adoptive families are faced with an array of complex social adjustment and attachment challenges experienced by both the adoptive parents and the adoptive child, that many biological parents do not face and which makes adoption a complex and difficult aspect to bring into a family.

Some of the social adjustment and attachment challenges experienced by adoptive families that have been mentioned in literature are highlighted by McKay and Ross (2010:608) and include:

- The development of attachment disorders due to insecure attachments formed from birth.
- Problems with attachment between the child concerned and adoptive family.
- Relational stress between adoptive parents as a couple, the newly formed adoptive family and their extended family as well as stress and tension between the adoptive child and adoptive parents.
- Parenting children with foetal exposure to alcohol and other drugs, children with behaviour and emotional issues and children with cognitive and language delays.

The attachment issues and social adjustment issues mentioned above can be linked with the 'attachment theory' which was developed by John Bowlby. Bowlby was a child psychiatrist in 1951, and was fascinated with the relationship between a child's experiences of early loss and trauma and the risk of later developing maladjustment, behavioural difficulties and impaired mental health (Howe 2006:193). Henwood (2016:17) explains Bowlby's theory by explaining that attachment provides a secure base from which the child may explore the world and is therefore an important component in the infant's learning and trusting of those around them. With a perception of the world as curious, trusting and safe as well as the nurturing of confidence in the child, it will help to form a healthy foundation for future experiences and interactions by the child.

Henwood (2016:17) highlights that parents' support systems play an extremely important role in the creation of a safe and nurturing environment as an anxious or overwhelmed parent may not have the capacity to adequately meet their child's needs confidently. Bowlby (1980:203) believed that a child's experience of a primary caregiver and attachment figure will have an influence on their development and ability to build relationships with others in the future. If children do not receive suitable responses to their attachment needs, they may learn to in a way "fend for themselves" and develop distrust in others (Bowlby, 1980:70). Steele (2009:1) states that if the environment created by an adoptive parent is steady, positive, and aims to meet the needs of the children concerned, they would more likely develop a "secure" attachment and in turn a positive, trusting and loving relationship with their adoptive parents. Steele (2009:1), however, found in research that, if the environment created by adoptive

parents is typically characterised by inconsistency or instability, then the attachment pattern that is most likely to develop is an “insecure” one, either avoidant or resistant.

It is often due to their “distrust” that children, when placed with new caregivers such as with adoptive parents, will expect no response to their cries, they may not even attempt to signal when they are in need. Adoptive parents often rely on the child’s cues for care and attention and may then assume incorrectly that the child is content and settled, consequently adding to the child’s experience of not having a dependable and trustworthy caregiver who relieves his needs (Bates & Dozier, 2002:428).

For many adoptive parents creating the best possible environment to develop a secure attachment can be a challenge as the child concerned may not only have already started to develop insecurities but also have a background of abuse or neglect. Due to traumatic experiences such as that of abuse or neglect the child concerned may find it difficult to form a “secure” attachment as described above and intervention from a professional person may be needed to ensure that family relationships do not break down (Harden, 2004:31).

Often children with a background of traumatic experiences later develop and display behavioural difficulties which could include psychological diagnoses such as oppositional defiant disorder, hyperactivity, depression, eating disorders (Harden, 2004:34). Lewis, Balla, Lewis and Gore (1975:142) as well as Peters (2000:289) suggested that adopted children’s behaviour problems may be intensified by poor adoptive parent-child relationships. Two hypotheses mentioned by Lewis *et al.* (1975) and Peters (2000:289) for aspects that may interfere with adoptive parent-child relationships, involve:

- Adoptive parents’ over involvement and overprotective nature with the child concerned. As stated earlier often adoptive parents will strive to be a “super parent”, which leads to them being extremely protective of the adoptive children leading to strain and tension in their relationship over time.
- Adoptive parents’ high expectations for their adopted child to achieve. Here again adoptive parents may expect their adoptive child to excel in a wide array of developmental tasks, not always taking into account that the adoptive child may have some developmental difficulties and or delays.

This review of Peters (2000:312) and a study conducted by Botes (2008:5) suggest that it is likely that continued relational stress and insecure attachment patterns in adoptions may in fact be one of the contributing factors for an adopted child to develop behaviour challenges. It is therefore recommended by Peters (2000:315) that the adoption process of assessment,

preparation of adoptive parent and child as well as adoption supervision is focused on, “the interaction between child attributes, parenting practices, and family relationship characteristics”. It is the researcher’s view that all adoptive families should benefit from some type of attachment therapy to ensure that the best possible adoptive environment is formed.

### **2.5.6 Dealing with adoption related challenges**

Often children who go through neglect, abuse or abandonment are at risk for the development of attachment issues. These children are often placed into institutions such as that of Child and Youth Care Centres. The concern with institutional care, particularly during an abandoned child’s early life phase, is linked to the possibility of the development of an attachment disorder as a result (Howe, 2006:193).

In a study conducted by Jones (2015:85) in the UK, the following factors were identified as aspects that could influence the future supportive needs of an adoptive family for children who have come from institutionalised care:

- A child’s developmental needs: Often children who have grown up in institutionalised care display developmental delays and therefore require specialised help in order for the child to reach milestones age appropriately.
- The relational wellbeing of the adoptive parents: The relational wellbeing of the adoptive parents and how the presence of an adoptive child within the family could have an impact on their ability to adjust and form a secure attachment.
- Family and environmental factors: The past traumas and experiences the adoptive child has had. Children who have been placed into alternative placements such as a Child and Youth Care Centre often require intensive therapeutic services to overcome past traumas experienced.

Overall, Dhami *et al.* (2009:163) are of the opinion that the most problematic situations experienced by adoptive families include those of adjustment issues or conflict between adoptive parents and the child concerned due to behaviour problems. Bonin *et al.* (2014:1512) and Mac Donald *et al.* (2001:73) state that a very crucial role of the welfare system and adoption social workers within adoption cases is therefore to provide the needed information about possible challenges related to the adoption to the adoptive parents as well as linking them to the needed resources in order to adequately address these issues. In order to ensure that support is provided social workers need to focus on the current experiences of adoptive parents and the problems that they experience, for example problems such as relational stress and adjustment problems which have been highlighted in the studies done by Atkinson and

Gonet (2007:93) and Dhami *et al.* (2009:163). Dhami *et al.* (2009:163) express that the early provision of skilled and resourceful parenting should be a vital part in providing the needed support services for adoptive families; this, however, is not often the case as adoptive parents are not provided with such information, counselling and even training.

Although many of the behaviour challenges, stress and tension within the adoptive families could not have been avoided, Dhami *et al.* (2009:175) highlight that early detection and attention to these issues could have had a big impact on their effect within the adoptive families. Bonin *et al.* (2014:1511) state that social workers should gain an understanding of the experiences of adoptive parents with regards to the challenges that they are facing, in order to properly and effectively address aftercare supportive services for adoptive families. Adoption social workers should also keep in mind the importance of informal support networks for adoptive families and how the process of adoption could impact the lives of the extended family as well. It is expected that adoptive social workers will also address aspects such as this beforehand as well as after the placement has taken place.

The Council of Family and Child Caring Agencies (2014:16) highlighted that as children are constantly “developing” they will always have developmental needs. Family environments are constantly changing, making the challenges faced by each adoptive family and adoptive parent unique. There is an increased chance of breakdown within adoptive families due to the lack of supervision and understanding of relational stress and adjustment. Without proper training, therapy and counselling the challenges of relational stress and adjustment may result in a disruption in the relational wellbeing of the family and hinder the much needed “permanency” and stability in the adoptive family.

The Family Stress Theory, as described in Patterson (2002:349), Thomason and Havice (2009:1) and Wilmoth and Smyser (2009:156), forms a basis for this study and provides a background for understanding the issues and experiences that adoptive families may encounter. According to this theory stress can be seen as an everyday occurrence which forms part of family experience; this is due to the fact that families are ever changing as they develop and grow (Boss, 2002:67). The change over time within the family environment can be both positive or negative, however it can lead to family stress (McKenry & Price, 2005:4). The severity of the impact on the family will depend on how the family is able to adapt to or manage the stressful situation. The family’s resources available will allow them to cope (Madden-Derdich & Herzog, 2005:411; McKenry & Price, 2005:6). In general, family stress can become an issue within the family when the degree of the stress causes ructions within the family unit (Boss, 2002:87; McKenry & Price, 2005:13). This is especially evident within

the current study as experiences of relational stress and adjustment can lead to a decrease in relationship quality and relationship breakdown.

## **2.6 PROGRAMMES AND INTERVENTIONS THAT ADDRESS ADOPTIVE CHALLENGES EXPERIENCED BY ADOPTIVE PARENTS**

Interventions that have been put in place to address the challenges experienced by adoptive parents in the UK include the following: financial support, support in managing difficult behaviours, support in sorting out attachment problems as well as that of adjustment issues (Bonin *et al.*, 2014:1509). Often multi-disciplinary teams are formed in order to provide these needed aftercare support to adoptive families. These teams include: doctors, support groups for parents, psychologists for children, other therapists (e.g. speech or occupational) and educational help.

Aftercare support services provided to families in Canada according to Dhami *et al.* (2009:164) are divided into three categories:

- Educational and informational support programmes, where support is provided in a group setting, workshops or through the provision of literature in order to address developmental delays and learning difficulties of the adoptive children.
- Clinical services, where counselling with a professional is provided to the adoptive families.
- Lastly, material support, such as that of a financial grant or subsidy.

According to Dhami *et al.* (2009:165), a study conducted in California (USA) showed adoptive families that received intensive “post-adoption” services expressed a higher level of “contentment” with their adoption arrangement than those families who did not receive or made use of the needed “post-adoption” services.

Barth and Miller (2000:450) suggest that there is another type of support that adoptive families often turn to, namely that of informal support networks. Barth and Miller (2000:450) state that informal support provided by extended family and friends is often a first resort for adoptive families. Informal support is especially of great help in terms of support for material needs, although, for the problems that may call for professional intervention such as attachment problems it would be wise for the adoptive family to make use of the formal support network. In many instances, adoptive parents will, however, where professional intervention is needed, make use of their informal support networks instead of the more formal support network

provided which in turn exacerbates the problems. It is the researcher's opinion that because the informal support networks are more easily and readily available to the adoptive family and therefore used more often, providing support services to the informal support networks of a family should also be considered. Providing the informal support networks with the needed information on aspects such as who to contact for supportive help, where to refer adoptive families to for formal support, could also play a vital role in aftercare adoptive services to families.

According to Bonin *et al.* (2014:1509) and Mc Donald *et al.* (2001:73), the problems and challenges related to adoptions do not occur in a steady, conventional manner, but rather occur in a string of achievements and stumbling blocks over a period of time. Services provided to adoptive families to address challenges experienced by the adoptive parents therefore need to be available over a long term period in order to address the need properly.

Within the White Paper on Families that was accepted by the Department of Social Development (2013:41) strategy two specifically speaks to strengthening families. In order to address this strategy, it is expected that certain activities will be put into place such as family-focused interventions, material assistance, programmes providing skills and care giving information or skills. These are just some of the interventions suggested in order to strengthen families within the South African context. Although policies have been developed in South Africa such as that of the White Paper, support services remain stagnated with very little movement over the years.

## **2.7 SOUTH AFRICAN ADOPTIVE SUPPORT SERVICES AND THE ROLE OF THE SOCIAL WORKER**

There is a variety of roles that a social worker needs to fulfil throughout the adoption process in order for the adoption to be successful. Besides fulfilling the role of a statutory worker, the social worker also needs to fulfil the role of a supporter. Often this role is neglected due to high caseloads, lack of resources and lack of communication to name a few (Finlay, 2006:29).

Palacios and Brodzinsky (2010:276) as well as Selwyn, Meakings and Wijedasa (2015:57) state that the adoption social workers together with other professionals, such as clinical psychologists, medical staff, counsellors and financial planners should be connected to adoptive families to identify the specific relational challenges that the adoptive parents might be facing in order to minimise the likelihood of "adoption difficulties and disruptions". It is therefore important for social workers to act as brokers for adoptive families in order to link

them to the needed resources that will provide the family with a strong opportunity for a successful placement.

The researcher is of the opinion that within ideal settings adoption social workers should ensure that all newly adoptive families are connected to a multidisciplinary team of professionals in order to address any stressors or difficulties that may arise. The family needs to be made aware of such a professional team and be informed on how to make use of their services. From experience, however, social workers do not address this and once the adoption paperwork is finalised, the next adoptive family becomes the priority with little to no thought given to the previous adoptive family. Due to lack of resources and knowledge multidisciplinary teams are also difficult to develop and maintain within South Africa.

According to Dhimi *et al.* (2009:164) and Mc Donald *et al.* (2001:74), one of the first steps in determining the need for support services for the adoptive families begins before the adoption and during the assessment process. Here a crucial role of an adoption social worker would be to assess the adoptability of a child which in turn will help the social worker determine if the adoptive family will be in need of intensive aftercare support and what type of services may be needed (Smith, Howard & Monroe, 2000:542). In other words, a child's history should be the social worker's first indicator of what type of aftercare support services may need to be provided to the adoptive family.

According to Barth and Miller (2000:451), social workers need to focus their aftercare support services for adoptive families on theoretical perspectives such as the ecological perspective and attachment theory. An ecological perspective looks at the family within their environment and the effects this may have on their ability to adjust and maintain a healthy balance (Hepworth, Rooney, Rooney & Strom-Gottfried, 2013:16-17). Within the context of adoption, the social worker would need to see the couple as the first sub-system, being the micro-system that is constantly in interaction with the larger macro-system such as their extended family and exo-systems such as that of social work procedures and protocol (Henwood, 2016:16). The adoptive family then has to undergo a unique transition from being a couple with no children to being adoptive parents and in so doing, face the challenges posed by macro-expectations and opinions. According to Henwood (2016:16), the adoptive families' expectations and experiences of becoming parents and their future status in society is shaped by macro-laws and social pressure.

The attachment theory is the next theoretical perspective that needs to be considered. As cited in Henwood (2016:20), Bowlby (1980:203) believed that the primary attachments formed from infancy will impact future relationships. These two theoretical models mentioned can be used

together as they both identify the shared interactions between adoptive families and the influences of the environment around them resulting in either healthy adaptation, or added stressors and maladjustment (Henwood, 2016:22).

The researcher is therefore of the view that if aftercare support services were based on these two theoretical perspectives, services provided will be based on sound principles which in turn will lead to appropriate ways to addressing the problems that are presenting themselves for aftercare services. Dhimi *et al.* (2009:177) state that, “aftercare support services provided to adoptive families should not only aim to meet needs and imitate effective practices, they should also be grounded in relevant theory, observe adoption trends, and update services in light of the information gleaned from such observations.”

The provision of such aftercare supportive services is however not enough. In the study conducted by Dhimi *et al.* (2009:173), it was found that the problem with aftercare supportive services was not the fact that they didn't exist but rather the fact that the services were not being used by the adoptive families. Within the study a questionnaire was completed by a number of adoption families where a large number of the participants highlighted the importance of aftercare supportive services within their individual adoptive situations. Many of the families however stated that they were not making use of the services (Dhimi *et al.*, 2009:173). From these results it seems important for social workers to place a focus on marketing and adapting aftercare support services to the individual needs of the adoptive families. This might ensure that the aftercare support services provided are successful in making a positive change in the lives of adoptive families within the adoptive communities.

The understanding and skills of an adoptive parent are different than those of biological parents and need to be acquired through training, support groups, adoption-competent counselling and even material help on occasion. These services are the ones provided by the local social workers within the adoptive family's residential area that address the informational, supportive and therapeutic needs of the adoptive parents (Donaldson Adoption Institution, 2014:8).

## **2.8 SUMMARY**

From the above contextual description, it becomes evident that various problems and needs exist with regard to an adoption process, especially in the case of non-related or “new” placements without prior experience of the adopted child. Adoptive parents experience an array of relational stress and adjustment issues that contribute to an upset in the relational well-being of the adoptive family. The Council of Family and Child Caring Agencies (2014:3)

state that being adoptive parents very often also brings about specific challenges such as that of dealing with a judgemental society as well as coming to terms with the “special needs of the adopted child”. Therefore, adoptive families more frequently require professional “support services” providing support and skills transferred to overcome challenging child care situations and develop long term bonds similar to those in natural family constellations. As cited in Ottaway, Holland and Maxwell (2014:15), the provision of a range of adoption support services appropriate to the needs of both the adoptive parents and adopted children is associated with greater stability in adoptive placements (Barth & Berry, 1988:34; Brooks, Allen & Barth, 2002:220; Houston & Kramer, 2008:156) increased parental satisfaction (Rushton & Monck, 2009:7) and improved understanding of adoption and adopted children (Dhami *et al.*, 2007:167). These authors also found that adoptive families receiving intensive long lasting “post-adoption” services expressed higher levels of “contentment” with their adoption arrangement than those families who did not receive or did not make use of the available “post-adoption” services.

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## **SECTION B**

### **PARENTAL EXPERIENCES OF RELATIONAL STRESS AND ADJUSTMENT IN THE FIRST 5 YEARS AFTER THE ADOPTION**

# **Parental experiences of relational stress and adjustment in the first 5 years after adoption**

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## **KEYWORDS**

**Adoption**

**Adoptive parents**

**Relational stress**

**Adjustment**

**Family Stress Theory**

## **ABSTRACT**

Adoption breakdowns are becoming more prevalent in today's society and many people within society are sceptical about taking a child into their family who has a history of abusive, neglectful and rejecting relationships, in fear that the child will cause harm to their current family situation. Adoptive studies often place a focus on the adoptive child and the challenges they might face. Very little research is done on the adoptive parents and their experiences throughout the adoptive process. The aim of this article was to gain an understanding of the relational stress and adjustments experienced by adoptive parents within the first five years of their adoptive placement. The study took on the characteristics of a phenomenological design in order to explore these experiences of the adoptive parents. It therefore followed a qualitative approach and involved 12 participants. The researcher used the adoption agencies and private adoption social workers within the Gauteng area as mediators to gain access to the participants who took part in the study. Unstructured interviews were used in order to collect

the required data from the participants. During this study various factors relating to relational stress and adjustment were brought to light. Support systems were tested and very little resources proved to be available to the adoptive parents. The outcome of this study highlighted the lack of support available to adoptive parents from the start of the adoption process up too long after the adoption placement. It is believed that if adoption agencies and accredited adoption social workers do not up this aspect of the adoption process that they cannot be justified in stating that the best interest of the child was served with the adoption placement.

## **INTRODUCTION**

Most studies (Atkinson and Gonet, 2007; Barth and Miller, 2001; Child Welfare Information Gateway, 2015; Foli, 2010; Goldberg, 2009, Luckock and Hart, 2005 and Mc Donald, Propp and Murphy, 2001) related to the adoptive parental experiences appear to examine developmental outcomes of adoptees. Few studies tend to focus on parental stress, unless this stress is associated with difficult adoptions such as those involving children with special needs (Henwood, 2016; Howe, 2005; Jones, 2015, Kramer and Houston 1998, Mc Kay and Ross, 2010 and Niemann and Weiss, 2012). The study was therefore undertaken to gain an understanding of the possible relational stress and adjustments adoptive parents might experience during the first five years after the adoption placement. Limited research is available on the relational stress and adjustments of adoptive parents in South Africa. In order to set the South African context on adoption, a discussion on the current child protection statutory system is considered important as it provides an understanding of why adoption is often overlooked as a possible alternative care solution for children within the welfare system.

## **BACKGROUND**

In South Africa the number of court-ordered adoptions remains very low while other alternative care options for children in need of care such as that of institutional care or foster care are favoured by the South African statutory system (Blackie, 2014; Gerrard and Nathane-Taulela, 2015 Mokomane, Rochat, et al., 2011 and Moses and Meintjies, 2010). Recently a South African television programme, Carte Blanche (2017), together with Vorster (2017), exposed some startling statistics that almost no adoptions took place during 2016 in the Kwa-Zulu Natal province although it has the highest rate of orphaned and abandoned child statistics in South Africa. This new information is just one example of how adoptions are not always considered to be the best possible alternative care option for the millions of orphaned and abandoned children in need of care even though research suggests otherwise.

Gerrard and Nathane-Taulela (2015) state that there is a serious problem in South Africa's child protection system as a large number of orphaned and abandoned children are seemingly 'trapped' in alternative care systems that do not allow for them to be adopted. A delay in finding permanent and loving family placement options, such as adoption, for these children has been acknowledged as harmful to the child due to the fact that insecure attachment patterns, low self-worth and a lack of social skills are being created as a result of this practice (Bakermans-Kranenburg, Steele, Zeanah, et al., 2011 and Ferreira, 2009). Garvin, Tarullo, Van Ryzin and Gunnar (2012) and Wilkinson (2016) in this regard have shown how children raised in alternative care, such as that of a Child and Youth Care Centre seem to struggle in developing

secure attachments and positive self-identities even after they have been placed into a loving adoptive home affecting their social skills and overall social adjustment. In order to allow for the attachment process to develop as soon as possible the adoption should therefore take place as early as possible if adoption is considered the suitable alternative care option for the child and in the child's best interest (Ferreira, 2009). Ferreira (2009) further highlights that even in situations where adoption is taking place as early as possible, that child protection organisations need to provide services to the adoptive parents in order to deal with potential adoption-related issues, such as: attachment problems, relational stresses and adjustments.

Although the researcher was unable to find studies on the relational stress and adjustment of adoptive parents within South Africa, studies were available for other countries. Howe (2006) and Hull (2016) respectively found in studies done within the United States of America (USA) and the United Kingdom (UK), that adoption disruptions were more prevalent in adoptive families where the adoptive parents experienced relational stress, parenting stress and attachment difficulties with no support services available to them. There is a variety of systemic factors associated to relational stress experienced within the adoptive family, e.g. problematic relationships with siblings, adoptive parents or social workers and welfare agencies (Child Welfare Information Gateway, 2015; Coakley and Berrick, 2008; Rushton, Mayes, Dance, et al., 2003; Selwyn, Wijedasa and Meakings, 2014 and Thomas, 2013) and the adoptive child's previous experience of being parented (Timm, Mooradian and Hock, 2011). The lengthy and frustrating adoption process also adds to this emotional turmoil. Child Welfare Information Gateway (2015) reports that adoptive parents on occasion feel vulnerable and powerless during this time adding to the relational stress within their home.

Relational stress and adjustments seem to be prevalent throughout the adoption journey, but is often not dealt with in a timely and effective manner, creating further adoption related issues for adoptive families. Focussing the study on the relational stress and adjustments that adoptive parents experience was therefore important in order to contribute to knowledge that will enable adoption social workers to render a much needed holistic service to adoptive families.

## **RESEARCH METHODOLOGY**

The main aim of this research study was to gain an understanding of what relational stress and adjustments adoptive parents experienced during the first five years after the adoption placement. Within this study it was hoped that the qualitative nature of the study would provide information about the "human" side of an issue (Babbie, 2013; Fouché and Schurink 2011;

Patton, 2002 and Rubin and Babbie, 2013), namely: what relational stress and adjustments do adoptive parents experience within the first five years after the adoption.

For the purpose of this study a phenomenological design was adopted. A phenomenological design is used where phenomena are studied within their real-life contexts, for the purpose of gaining a better understanding of the circumstances (Burns and Grove, 2003 and Lester, 1999). This design therefore allowed the researcher to explore the phenomena of the different types of relational stress and adjustments experienced by adoptive parents in the most in-depth and real way possible. The phenomenological design mandates the use of unstructured data collection methods where a single question is used to gain sufficient depth in the exploration (Kvale, 1996).

The inclusion criteria of the study were based on the knowledge of the sample and the purpose of the study (Babbie, 2007). The research study consisted of adoptive parents within Gauteng, who were willing to participate in the study. For the purpose of this study the researcher defined the target population (adoptive parents) as the parent or parents who have adopted a child of another family within the specific time period 2011–2015 and now assume the full rights and responsibilities as parents towards that child. The motivation to include this population group was to ensure that the actual “felt” experiences of the adoptive parents were understood.

The sample was mainly obtained by means of purposive sampling, as it allows for researchers to find cases that will provide in-depth information fitting the purpose of the study (Patton, 2002). As adoptive parents often do not make their adoption public, gaining access to these participants was therefore difficult. For this reason, the snowball sampling technique was also implemented (Alston and Bowles, 2003 and Strydom, 2011). Babbie (2007) suggests that non-probability sampling is based on the availability and accessibility of participants which in itself creates a limitation in the study, as the sample may not be a representative of the population and the results could therefore not be generalised.

Twelve adoptive parents were identified through accredited adoption social workers, as well as from two participants. Five of the participants were male and seven female.

Table 1. Participant information

Participant	Gender	Adoptive couples	Number of adoptions	Year of relevant adoption
Participant 1	Female	Participant 1 & 2	4	2011 & 2014
Participant 2	Male	Participant 1 & 2	4	2011 & 2014
Participant 3	Female	Participant 3 & 4	2	2015
Participant 4	Male	Participant 3 & 4	2	2015
Participant 5	Female	Participant 5 & 6	1	2012
Participant 6	Male	Participant 5 & 6	1	2012
Participant 7	Female	Participant 7 & 8	2	2011
Participant 8	Male	Participant 7 & 8	2	2011
Participant 9	Female	Participant 9 & 10	1	2014
Participant 10	Male	Participant 9 & 10	1	2014
Participant 11	Female	Participant 11 & 12	1	2015
Participant 12	Female	Participant 11 & 12	1	2015

Ethical clearance to conduct the study was obtained from the North-West University (NWU-0071-16-A) and goodwill permission from the Department of Social Development.

## RESULTS AND DISCUSSION

Below is a discussion on the themes and sub-themes that emerged from the analysed data.

### THEME 1: EXPERIENCES WITH REGARDS TO RELATIONAL STRESS

The first theme highlights how the adoption process attributed to an array of relational stress experienced by adoptive parents which was evident from the beginning of the adoption process to the post-adoption period. The relational stresses experienced were mainly due to adoption agencies' work ethics and the lack of support by their family and close friends.

Participants also, however, experienced relational stress due to a fear of rejection by their adoptive child.

### **Relational stress caused by adoption agencies' work ethics**

Finlay (2006) and Henwood (2016) found that adoption agencies and the way in which they approach the adoption process, can contribute to a successful placement, or lead to family breakdown. The participants of this study, particularly those who adopted through adoption agencies, experienced cold and impersonal adoption processes which contributed to participants experiencing feelings of anxiety and frustration towards the social workers and the agencies that they work for.

Participants overall experienced that adoption agencies lacked people skills of empathy and warmth, thus portraying an 'extremely' clinical approach to the adoption process. Participant 1, for instance, compared dealing with the adoption agency to that of dealing with the post office or home affairs:

“... when you deal with an organisation like organisation X, it feels like you are dealing with a system, with red tape, with democracy, with walls behind walls ... so it feels like you are dealing with the post office or home affairs.”

Participant 2 in this regard mentioned the following:

“I mean people who want to adopt are treated like rubbish. They should be treated well. I mean, foreigners that come to our country who want to adopt our children should be welcomed.”

Participant 4 mentioned that it seems as if “the social workers have become clinical and free from emotional attachment”. For example, participant 2 explained how, even when the process was going well and they were matched with a baby, they got the impression that the agency had an attitude of “... we (the agency) are trying to separate ourselves from the emotional side of things and we recommend that you do the same ...” This participant was also shocked by the social worker's choice of words when she informed them of their adoptive child by saying that: “... we have a referral for you, you know a 'referral' for you.”

Another contributory factor to the relational stress experienced in this study, pertained to the complete lack of communication and transparency by the adoption agencies. Participant 6 in this regard mentioned how they

“... would get frustrated because she (the social worker) would never come back to us and we felt as if nothing was happening ...”

In the case of participant 5 the lack of communication and transparency in their adoption process led to ‘extreme’ relational stress between them and the adoption social worker:

“So two months went by and we had heard absolutely nothing ... so we chased it up a bit which was not well received by the new social worker ... It got to the extent where we stood in family court and the social worker said I don’t feel happy about letting this child come into your family. So that took away a lot of our faith in terms of the system.”

The relational stress experienced caused severe anxiety and frustration for the adoptive family, leading to a complete breakdown of the client-social worker relationship.

The lack of communication from the adoption agencies did not seem to be restricted to the initial adoption process, but was experienced after the actual adoption took place. Many of the participants reported feeling overwhelmed with the new adjustments of having a child enter their family and expressed that they would have appreciated more contact and support from the adoption agencies:

“It is shocking how little is done once they hand over the child. Actually, from the moment the child is handed over, you are on your own” (Participant 10).

“You have absolutely no support from your social workers in dealing with anything that arises (after the adoption)” (Participant 1).

Relational stress caused by a lack of communication and transparency in the adoption process does not seem to be a reality only within the South African context. Hart and Luckock (2004: 28) contribute the inconsistencies with regards to supportive measures provided to adoptive families to flaws within social service policies and practices such as adoption social workers being inexperienced and lacking the needed knowledge of adoption. In the current study the adoptive parents, who experienced the most relational stress with their adoption agency, also expressed that the social worker that was assigned to them was new in the position and not familiar with the whole adoption process. Participant 5 in this regard mentioned that the social worker assigned to them previously worked with divorce mediation and subsequently had very little experience with adoption. Participant 5 experienced the time from when they actually finished the paperwork to the time of their daughter’s placement as “... the most significant stress I have ever had in my life I think.”

In a study by Finlay (2006: 29) strong words such as: “I found the process chaotic”, “There was a great deal of over-promise and under-deliver” and “The inconsistency is disturbing” probably summarise the relational stress most of the participants in the current study experienced towards the work ethics of the adoption agencies they were in contact with.

Foli and Thompson (2004) noted that, a lack of adoption preparation can severely impact on the family’s ability to cope with issues that may arise, including attachment difficulties or negative public reactions, to name a few. Within the current study sufficient preparation seemed to have been lacking from adoption agencies and private social workers alike, which not only attributed to the lack of trust in the social worker-adoption parent relationship, but also attributed to adoption difficulties, such as adjustment and attachment problems. Participants made the following comments in this regard:

“We were really hoping that there would have been some sort of preparation period but there was not” (Participant 10).

“Do you know what I felt was lacking, ... is what it is really like to be an adoptive parent ... like how you could feel and what could happen and all of that kind of thing.” “I can't remember anything being discussed about how we might find it as adoptive parents and the struggles we would face” (Participant 3).

While none of the other participants experienced any type of training, two of the participants underwent intensive training when adopting their first child, which they felt prepared them for being adoptive parents. Participant 4 in this regard shared the following:

“So organisation Y does a very intense assessment, preparation group ...” “They did like a whole week of prep before we went on the waiting list.” “A lot of the stuff that we picked up there has really helped us with the adoption.”

This couple, participants 3 and 4, adopted again through the same agency a few years later, only to find that this training had been phased out. The provision of training to adoptive families is of vital importance as it would equip them to deal with the wide array of adoption related issues that could arise. The participants all experienced a need for such training in order to address the relational stresses that arose.

Although this study did not focus on the differences of private adoptions versus agency adoptions, most of the participants, who decided to make use of a private adoption social worker, experienced them to be fully involved, supportive and trustworthy. In one instance an adoptive couple, participants 1 and 2, had adopted more than one child. They had first made

use of an adoption agency and then for the next adoption approached a private social worker. They were able to note the difference in support, warmth and communication.

Overall it can be seen that the participants struggled with a lack in communication and transparency. Adoptive agencies lacked adoptive preparation leaving adoptive parents to feel overwhelmed and frustrated.

### **Relational stress with regards to unsupportive family and close friends**

Relational stress experienced by the participants was caused by the difficulty of extended family to show affection or accept their adopted child and their friends' unwillingness to 'walk' the adoption road with them. According to Finlay (2006), negative reactions and a lack of support from the family circle during the adoption could potentially have a significant impact on the family dynamics, resulting in tension and relational stress.

In the current study, participants experienced little support from their families and shared that often there would be limited to no communication between them and their extended families. Dealing with family and friends' negative opinions was especially painful for the participants. In the case of participant 12, her mother's reaction in particular was experienced as very harsh and insensitive:

"It was like 5–6 weeks into it, my baby was constantly screaming so my mother was like I don't want this ... in our family" and "I was told how stupid I am to want to bring a black child into the family" as well as "... how dare I bring a black child into this family!"

It was mainly due to responses like these that participant 2 decided that his mother will not see their adoptive children:

"She is not a typical grandmother, I mean we don't let her see the kids, she still has racial issues, she tries her best but at her core those prejudices are very clearly visible, if you compare it to how she treats ... for instance my sister's daughters."

The lack of support and acceptance of her adopted children was also experienced by participant 6 who mentioned the following:

"... my family accepted them (the adoptive children) but there was always this kind of slight difference between how they saw their biological grandchildren and the adopted

two ... you could always see the difference in the value of the birthday present or Christmas present.”

With regards to family members' inability to show affection and support, participant 7 shared how there were instances of a complete breakdown of the relationships with their family:

“So it is about being protective but it's also about knowing that I will land up saying something that will probably end relationships forever ... if family (should) say anything against my kids ... they will experience the wrath of me.”

The consequences of the lack of support that adoptive parents received from their extended family were a decrease in their relationship quality. Participants for instance limited family contact and isolated their children from experiencing extended family relations.

Melina (2002) found adoptive parents become self-reliant when there is a lack of family support. Even when relatives do eventually accept the adoption, adoptive parents may remain self-reliant and fail to use family members as a support or comfort, thus indicating that initial resistance by relatives can make the adoptive parent feel both isolated and unsupported.

It was, however, not only with family members that the participants experienced relational stress, but also with their close circle of friends. Forbes and Dziegielewski (2003) state how adoptive parents sometimes struggle to relate to their circle of friends after the adoption. Participant 5 shared the following:

“We had to deal with some prejudice between our friends, a lot of our friends are from an Afrikaans background, because often they don't realise that you don't say that to a child, so we have to be gracious and educate.”

The relational stress caused by their friends' unwillingness to 'walk' the adoption road with them, similar to that of unsupportive family members, led to relationship breakdown. Participant 10 found their friends' lack of support interesting seeing that when their friends first had their children, that they (the adoptive parents) were still available to their friends in their new life phase. This was not the same when the participants had their children at a later stage in their life when they were in a new life phase. It resulted that the participants then “... grew much closer to (their) anti-natal adoptive group ...” (Participants 10).

Participant 8 mentioned how not being in the same life phase as their friends made it very difficult to continue socialising with their friends:

“Often your circle of friends is not where you are. So like our friend’s kids are like 16, 17 years old. ... Yours are the ones creating chaos and painting walls and their kids are already teenagers. So ja, ... there is a certain amount of social pressure, I think.”

Although some participants did mention that friends were extremely supportive and no relational stress was experienced, many couples noted that friendship circles changed. Some couples struggled to deal with prejudice from their friendship circles creating relationship stress and in some cases relationship breakdown.

### **Relational stress due to fear of rejection by adoptive child**

A number of aspects having a significant influence on the relational stress between the participants and their adoptive children, seems to contribute to the participants’ fear of rejection by their adoptive children. Participants mentioned how their adoptive children would use their adoptive status as a bargaining or manipulative tool during an argument, making it difficult to deal with their adoptive children in the same way as their biological children. Bayless (2014) explains how, from experience, adoptive children tend to be older when adopted and will often rely on manipulation tools as coping mechanisms. This leads to tension build-up within adoptive parent–child relationships creating feelings of doubt and regret.

The comments by their adoptive children during arguments would cause major relational stress within the adoptive families, leaving participants to wonder if their adoptive children feel like outcasts within their families. Comments by their adoptive children during an argument which especially caused relational stress with the participants, involved the following:

“Our son will when he is having a rough time, he’ll say, ‘I don’t wanna be in this family, I wanna be with my own mom.’ But when it is going well he will say, I swear, to this day he will say, ‘I think I am getting used to living in this family, I really like living in this family’” (Participant 1).

“So when he is angry he will shout; you are not my mother!” (Participant 5).

“She will often come and say I am sorry, do you still love me, I love you” (Participant 7).

A comment by participant 2 probably summarises the participants' experiences pertaining to the relational stress that is caused out of a fear of being rejected by their adopted children:

“Emotionally for me the hardest was having to deal with the interpersonal relational stress that is unique to us because we are an adoptive family and how those things get exploited by the kids for the purpose of getting a dig in there.”

Forbes and Dziegielewski (2003) state that, in situations like these, the participants normally questioned their total inclusion of the adoptive child within their family, as well as their parenting abilities.

It was interesting to notice that many of the adoptive mothers reported that they struggled with post-adoptive depression. Comments made by the participants, therefore, make it seem that post-adoption depression might be just as common amongst adoptive mothers as amongst mothers after the birth of their biological child (Lanes, Kuk and Tamim, 2011).

The participants expressed that, when dealing with their post-adoption depression, it was difficult to fully engage with their newly placed child. This type of stress would leave them with feelings of inadequacy, and doubting their decision to adopt. In turn these feelings experienced by the participants later led them to feel guilty for the lack of availability to the adoptive child. Relational stress was created in their inability to be fully present for the child and their feelings of guilt thereof. The following participant expressed how her experience of post-adoption depression was very difficult to deal with:

“... it was very difficult, ... I was like ... I love her on the one side but on the other side it is so difficult ... At the same time, my heart is saying I love this child to death, at the same time my head is saying well you are nuts, you are not born to be a mother. You are not doing it right ... I would tell myself I am not being a good mother ...” (Participant 12).

“If I ever had post-natal depression it was with her, and I wasn't even pregnant with her. I think it came down to having to make a plan at the last minute and very quickly. I just struggled to be her mom” (Participant 4).

Overall it seemed as if the participants did not have the skills to address the relational stress they experienced with their family as well as with their adoptive child. In many occasions the relational stress experienced led to relationship breakdowns and further stress and tension within the adoptive family.

## **THEME 2: EXPERIENCES WITH REGARDS TO ADJUSTMENTS**

Adoption is often seen as a once off event in a family's life. This, however, is not the case as the adoptive family experiences life-long adoption related challenges and adjustments. According to Sánchez-Sandoval and Palacios (2012), although many people do not see how adoptive parenting is different from that of biological parenting, adoptive parents have to deal with the added pressure of adoptive stress and adjustment, also called adoption strains, which in turn lead to increased feelings of distress. Adoption strains could include aspects such as: managing the financial consequences of adoption, creating a welcoming environment for the newest family addition and developing a long lasting attachment and dealing with mental health problems and feeling pressure to be the best parent (Sánchez-Sandoval and Palacios, 2012).

Adjustments that the participants in particular were confronted with included adjustments with regards to intimate partner relationships, adjustments pertaining to a new family routine and financial adjustment. These adjustments seemed to have been evident in the beginning of the adoption process, right through to the post-adoption period.

### **Adjustments in intimate partner relationships**

Throughout the current study participants highlighted that the most prevalent adjustment that they had to make was that of adjusting their marital relationship. Not only did this include aspects such as having to share a spouse, but also dealing with differences in opinion of how to parent the adoptive child.

#### *Have to share spouse with someone else*

Goldberg, Kinkler, Moyer, et al. (2014) found that adoptive parents especially struggle with relationship adjustment, as parenting an adoptive child brings with it its own unique challenges such as health problems, attachment issues and adjustment challenges. When a couple transitions into becoming a parent, relationships all around become stressful and can even be associated with a decrease in overall relationship satisfaction (Goldberg and Garcia, 2015). Nystrom and Ohrling (2004) state that the newly added stress in the couple's relationship can lead to a decline in intimacy and communication.

Not being able to spend time together and do what they as a couple were used to doing beforehand, seem to have been especially difficult to adjust to for the participants in the current study. Participants shared the following:

“We often remember the good old days where we could just say let’s do something and then just go and do it, so I think that it does put strain on the relationship” (Participant 10).

“When a new baby arrives, every relationship will be tested ... we could do what we wanted for example going out for an evening meal but now ... you have to determine who is the priority. I think that sometimes I feel neglected and my needs are seen as last because we have to look after her” (Participant 4).

“You go from being the king of your world, the master of your world to being the slave and nothing is negotiable” (Participant 7).

For adoptive parents to come to terms with the time and effort needed to be invested into an adoptive child can be very taxing on their relationship. Learning how to share attention and time can be a big adjustment to adoptive parents which could also create some relational stress. It is important for adoptive parents to remember that their time together as a couple is just as important and that building their relationship should remain a priority.

#### *Parental differences with regards to raising the adoptive child*

Goldberg and Garcia (2015) state that difficulties that adoptive parents experience to make adjustments with regards to their intimate partner relationships are not only related to that of being unable to spend time together. Within their study it was found that additional aspects such as the stress created due to the adoption process, parent-related preparation before the placement and differences of opinion on how to address child challenges, all added to the decrease in relationship quality. This aspect was also found within this study, as the researcher noted that some of the participants struggled to function as a team in terms of their parenting styles. Participant 8 explained their situation as follows:

“... the way you want to discipline is different to the way I would ... my wife will repeatedly tell me that I am not disciplining her in the right way.”

In the case of participant 10, their difference in how to raise their adoptive child started right from the beginning of the adoption process. Participant 10 explains how she had felt guilty over almost “forcing” the adoption onto her spouse in times of conflict. She mentioned how she had bonded with the child even before her husband had even met the child. She then forced the adoption while her husband “... didn’t (have) the same connection”. According to

participant 10 they "... weren't 100% on the same page about it from the beginning nor prepared for the challenges that were facing us."

The researcher is of the opinion that, although the participants struggled to communicate with regards to how to parent their adoptive child, there seemed to be a complete lack of preparation involved in their adoption process. In a study done by McKay and Ross (2010) it was found that adoptive parents often feel like they are thrown into parenthood with very little time to adjust and work out the best parenting approach for them. Mooradian, Hock, Jackson, et al. (2012) also found that adoptive parents experienced a decrease in relationship satisfaction and quality when going through consistent bouts of conflict due to parenting and child related issues.

The study by Mooradian, et al. (2012) further found that adoptive couples experienced that adoption preparation was focused on the needs of the adoptive child and not helping the couple to explore ways to deal with them. This study also noted that adoption social workers hardly ever even mentioned or considered the effects the challenges of parenting an adoptive child could have on the marriage or relationship of the adoptive parents. Participant 10 explains that when both parents are not on the same page about how to parent or how to deal with an adoptive child, relationship quality decreases: "So if you have one parent on the outside it really takes a toll on your relationship. I felt excluded and alone." Careful counselling and pre-adoption training are vital for couples in order to ensure that they are able to co-parent and communicate in a positive and relationship building way.

In a study done by Goldberg and Garcia (2015) relationship breakdown was noted when adoptive parents were not functioning on the same "parenting level" and were unprepared to deal with adoption challenges. The parents' level of stress and communication during the initial period of adjustment greatly impacts the risk of relationship dissolution. Within this study the researcher found that adoptive couples struggled to communicate and "co-parent" while experiencing adoption related challenges, e.g. attachment issues, financial strain and child related problems:

"Yes, so our biological children were raised with a belt, even though my partner disagrees ... yes, so I believe in giving hidings and things like that. They were fine. Whereas with our adopted child we found if I gave her a hiding, her behaviour actually became worse. So, I realised in hindsight a lot of what I had actually done was damaging. It is then that I realised that my partner's style of discipline worked better" (Participant 6).

Overcoming “co-parenting” challenges and sharing of spouses seem to have in particular been trying and called for participants to make specific adjustments.

### **Adjustments to a different family routine**

Often adoptive families need to make significant adjustments to their normal family routine when adoptive children are taken in. Not only does this include aspects such as adapting to a new family member, but adoptive couples experienced significant adjustments in dealing with sibling rivalry and the addition needing professional services.

#### *Adapting to the new family member*

Baxter (2001) expresses that often children who have experienced neglect or abuse develop a very low-self-image. This makes it extremely difficult for such children to adjust to a new environment, as they often feel very unsure about themselves. In essence, this could impact on the adoptive family and how they adjust to the new child within the family.

Timm, Mooradian and Hock (2011) described that, as adoptive couples are often older having to work through an adoptive child’s past trauma e.g. abuse and neglect, it can be extremely challenging. These challenges often lead to attachment issues and a greater risk of decline within relationship quality. Participant 9 stated that they had adopted their first child at a late stage in life and struggled to adjust to her unique needs due to her past neglect.

Another aspect highlighted when dealing with a new family member was the fact that when adoptive parents are told of a child and the child is placed within their care soon after, this often comes as a shock and is the first adjustment that the parents and the family as a whole need to make. Participant 5 for instance shared the following:

“So basically we were phoned on the Monday and told next week Monday you come and fetch your baby. Which was crazy hey ... and then you have got to get a nursery ready and his room was actually where we were storing all the other furniture while we built.”

From the data it seems that the adjustment to the new family member in their midst was difficult for the participants due to a number of reasons. In some instances, pre-adoption training and counselling played a role and in other instances, the adoptive family in itself, who were set in their ways, played a role in this. In participant 12’s case her baby girl was addicted to pain medication when she was adopted, making the transition into their family life that much more difficult:

“At the time I didn't know that they were actually doping my poor child, she was being drugged every three to four hours. They fed her Ponston morning, noon and night, because they have 35 babies and two caretakers.” “She didn't know about playing on the carpet. She freaked out if you put her down on an open space. And ... she was addicted to Ponston, so I had to wean her off that. I thought the first six weeks were murder” (Participant 12).

Other participants, who were used to having children in the home, expressed that the addition of another child and the demands of that child impacted on the whole family. The other children in the family received less attention and struggled with that. Parents struggled to find time for each other and the family as a whole, in some instances, struggled to make the adoptive child feel at home:

“She (the adoptive child) did not sleep at all. I think that was just her adjustment and settling in ... so both of them (biological children) came to us at one stage and said: ‘Mom, this is rough. Is it going to be like this all the time? ... you don't have any time for us” (Participant 10).

“... it was immense stress those few weeks that she was being placed. And then I underestimated physically how much she would need ... that was hectic ... So that first month I would say I found it quite stressful altogether” (Participant 6).

“The extra demands of a third child and no sleep ... my husband and our adoptive child bump heads quite frequently. She is exceptionally strong willed ... you struggle with her sometimes” (Participant 8).

Adjusting to having a new child within their family unit was difficult, for both the adoptive parents, as well as the children within the family. The biological children in some instances felt threatened and irritable with the presence of the ‘new’ child in the family, which forced the participants to find ways to respond to their biological children's reactions. As a whole, the impact of suddenly having to adapt to a new family member seems difficult to calculate beforehand.

*Adjustment to involve professionals to deal with the psychological and physical challenges of their adoptive child*

Finlay (2006) found that adoptive families would not only have to adjust to normal parenting challenges, but often the child related problems, such as neglect at birth or abuse, could lead to adoptive families seeking professional help. Participant 3 expressed that their good pre-adoptive training empowered them for difficulties that lay ahead:

“I think it is about having your expectations set realistically before the children are placed with you. So in the beginning stages you need to be screened properly and be connected with resources. Whether it is support groups or suggestions that you need to attend courses on attachment or whatever.”

Often adoptive families have expressed that they are not equipped to deal with issues such as ADHD and attachment problems and then need to seek the help of professionals. Not only is this expensive, but they have to involve others in their daily life and that could feel invasive and uncomfortable (National Resource Center on ADHD, 2015). In this study, a number of the participants explained how they needed to seek professional help, and experienced not only financial strain, but the consistent feelings that they are not being good enough parents:

“I have had to consult with one of the psychologists that I work with on a number of occasions. ... to give me some advice and guidance on how I answer some of the questions that she is going to come up with. This is a big worry for me as an adoptive parent” (Participant 10).

“So he went for play therapy ... it helped a lot in terms of processing and behaviour.” “She taught him how to deal with children that were in his face and bugging him, so there was quite a lot of improvement. But the teacher felt that it wasn't enough” (Participant 4).

“We took him to an OT (occupational therapist) ... She assessed him and he has come out with sensory problems.” “... All of that however put a lot of stress on us because it is just intense” (Participant 3).

Although often accepting that an adoptive child may be experiencing challenges that can only be addressed by a professional person is difficult, participants have expressed that with their help, issues were dealt with in the best possible way. This is not only an adjustment on its own, but also brings about great financial adjustments.

## **Financial adjustments**

According to Kostelyk (2013), financial strain is one of the biggest adjustments that adoptive parents have to make. Often adoptive parents have tried other treatments such as In-vitro-fertilisation in order to have their own child, and therefore their savings have already been depleted before they started with the adoption.

Not only does the adoption process cost the family a lot of money, but the challenges that adoptive children bring, could imply that they will require extensive services which all eventually could add up to having to spend a lot of money; money which the family could not plan for beforehand.

### *Payment of school fees and fees for interventions from professionals*

As stated before, adoptive children often have specialised needs that can only be addressed by professionals, and most cases require for stringent budgeting. Several participants within this study mentioned that the specialised services required for adoptive children placed a lot of financial strain on their family:

“We have had to budget for extra things like speech therapy, occupational therapy, play therapy, it is all very expensive ... she needed the support but it all adds up” (Participant 8).

“Our daughter has had to be placed in a special school that focuses on assisting children with learning difficulties. But it is very difficult when everything is so expensive” (Participant 5).

“I mean we really got ourselves into a financial thing trying to put everyone through a private school” (Participant 2).

As stated by McKay and Ross (2010), adoptive children often come from backgrounds where neglect and abuse were prevalent, so that adoptive families often need to understand that there will be financial implications involved in order to help the child to overcome these issues. Participants expressed that this was especially challenging for them.

*Cannot spend money the way they used to spend the money*

Another aspect that was highlighted by the participants within the current study was that the family as a whole needed to make specific sacrifices due to the adoption of another child in the family. In some cases, these sacrifices added to the pressure of the sibling rivalry. Participant 6 in particular explained how his biological children had to give up the lifestyle they had previously known, as the adoptive child came with a lot of expenses. This was a big adjustment for the siblings, as well as the adoptive parents:

“... financial adjustment is probably the biggest one. I mean you go from two kids to four kids, um, the financial strain is heavy. And our biological children had to make quite a lot of sacrifices ... I said to our eldest, do you want a double bed or do you want to adopt the baby” (Participant 5).

“Our biological children could have had a lot more stuff ... if we had just stayed with two children. But I don't think that there is any regret there, but I think that they might resent it on occasion. They have never voiced resentment, but I have seen it before” (Participant 10).

Making sacrifices for adoptive children can be especially challenging for the biological children of the adoptive family. Within the current study many of the participants highlighted that many of their children have had to make sacrifices, resulting in guilt feelings of the adoptive parents; guilt feelings because the adoptive parents had the desire to be able to provide only the best for all of their children.

## **CONCLUSIONS AND RECOMMENDATIONS**

The empirical findings indicate that adoptive parents face a host of challenges that lead to relationship stress and adjustment within the first five years of the adoption. Most of the relational stress experienced did not only occur post the adoption process but also took place in the pre-adoptive phase.

In order to fully understand why and how families are stressed, as well as how families respond to stress, one would, according to the family stress theory need to take into account the community and societal context in which the family reside (Patterson, 2002). Although all adoptive families have unique challenges due to their unique adoptive stories, the researcher was able to draw similarities between all the participants who partook in this study.

The intensity of the relational stress and adjustments that the adoptive parents faced were reportedly increased by the lack of support available to adoptive families. Participants seemed to have felt that, if there were support available for the different types of relational stress and adjustment issues, then they would have been better equipped to handle the problems that arose. This in turn would increase relational quality and adoption satisfaction. Participants for the same reason also felt that pre-adoptive training and preparing the adoptive family of what challenges and adjustments they might have to deal with, failed them in most of the cases. Recommendations from this study are therefore as follows:

- Social workers dealing with adoptive parents must respond to the emotional needs of the adoptive parents in order to develop a trusting and mutually respectful relationship.
- Adoptive agencies in particular need to standardise their pre-adoptive training. This training needs to be inclusive of all possible challenges related to adoptive children and how adoptive parents can address them. The training should have a practical aspect to it as this further allows for the adoptive families to understand the needs of the adoptive child.
- Adoptive policies need to include post-adoptive services to meet the needs of the adoptive family. Aspects such as South African related information websites, mentorship programs, respite care for adoptive children, financial aid (in terms of a social grant or sponsorship of school fees) for adoptive families and support groups should be looked at in order to address the relational stresses and adjustments that adoptive families struggle with.

The feeling is that if adoption social workers are serious with regards to having the best interest of the adopted child at heart, then pre-adoption training and post-adoption support will be a non-negotiable policy with all adoption agencies.

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## **SECTION C**

**REFLECTIONS ON THE STUDY, LIMITATIONS,  
RECOMMENDATIONS AND FINAL COMMENT**

## **1. INTRODUCTION**

The aim of this document was to give a detailed discussion on relational stress and adjustments of adoptive parents in Gauteng in the first five years after having adopted a child. It is believed that the results of this study highlighted the importance of the limited information available on the “felt” experiences of adoptive parents within the South African context. The results also brought to light that there is a need for adoption policies that would provide protection for both the child concerned as well as the adoptive family in the form of support services specifically directed to both these two role players in the adoption process. Having these types of policies in place might also encourage more people to consider adoption as they may place more trust in the statutory system and adoption process, in turn providing permanency and stability to the many children in need. The purpose of this section is to reflect on the study, to identify the limitations of the study and to give a final comment on the study.

## **2. REFLECTIONS OF THE RESEARCHER ON THE STUDY**

The study concerned answered the research questions, namely: What relational stress and adjustments did parents experience in the first 5 years after adoption? In order to be able to answer the research question the researcher ensured that the research scope was properly demarcated as the background and orientation of the study was clearly outlined. Both the aim and the objectives of the study were clearly defined and achievable. The design and approach used for this research study suited the qualitative qualities of the study allowing the researcher to obtain in-depth information from the participants of their subjective experiences of relational stress and adjustment as adoptive parents.

A literature review was used in order to gain background on the focus of the study. Although there was a very limited amount of information available on the relational stress and adjustments experienced by South African adoptive parents, literature of other countries was used. The literature review provided the researcher with the understanding of key concepts such as that of the trends of the statutory process in South Africa, historical changes within adoptions over the last few years, the adoption process and the challenges that adoptive parents face throughout the adoption process and post-adoption period. The literature review also highlighted the services available to adoptive families and support services that adoptive parents need.

The researcher had reviewed the interview schedule with colleagues and the study leaders to ensure that the question was of appropriate wording. Furthermore, in order to familiarise herself with conducting unstructured interviews the researcher, with the assistance of the study leaders, completed a pilot study beforehand with a colleague. All questions that were

asked during the unstructured interviews were relevant to the research topic and contributed towards achieving the specific aim of the research project.

Qualitative data was collected through the use of unstructured interviews which provided the researcher with in-depth information in order to answer the research question. The data collection methods allowed for the researcher to obtain data that specifically focused on answering the research question.

The collected data was analysed by underpinning common themes and the themes were coded and discussed in an article format. Conclusions and recommendations for the study in the article were provided based on the findings of the study. The researcher received consistent guidance and supervision which ensured that the correct research process and procedures were followed. The guidance received also ensured that the research question remained the focus of the research efforts.

### **3. CONCLUSIONS**

During the course of this research process the researcher was able to gain an in-depth understanding of just how important adoption can be in providing children in need of care and protection with not only a second opportunity in life but giving them a home and family that is theirs forever. Children who are neglected, abused and abandoned are often lost in the system as was evident with the statistics that were provided in the document.

The current study, however, brought to light that even once a child has been adopted, they often remain “lost” within a system, where no social workers attend to their post-adoptive needs. This is also true for the adoptive parents and adoptive family as a whole. Many of the participants within this study highlighted their frustrations with the lack of care and attention given to them as adoptive parents but also as an adoptive family. From the findings it also seems evident that the relational stress and adjustments that the participants have experienced in the first five years of the adoption placement, could almost directly point to the lack in pre-adoption training and post-adoption support that the participants have experienced. Relational stress and adjustments that participants experienced involved aspects such as dealing with adoption agencies’ work ethics, unsupportive family and friends as well as adjusting intimate partner relationships, to name a few. These findings are alarming as literature is very clear in stating that a breakdown in adoption relationships and the adoption placement could directly be linked to what the participants have experienced in this study. The findings in actual fact raise a huge concern in that all social workers are by law and according to the Children’s Act no. 38 of 2005 bound to always act in the best interest of the child. By

not providing adoptive parents (as well as the adoptive child and family as a whole) with pre-adoption training or post-adoption support clearly is to not act in the best interest of the child.

## **4. RECOMMENDATIONS**

Recommendations from the current study can be made for the following three groups:

### **4.1 Recommendations for adoption agencies and social workers**

The researcher is of the opinion that social workers dealing with adoptive parents need to respond to the emotional needs of the adoptive parents in order to develop a trusting and mutually respectful relationship. A lack of support, guidance and advice from social workers and agencies was evident in this current study.

Pre-adoption counselling and training should be a pre-requisite for all adoptive parents. This should also include a section on helping couples to prepare for the challenges in parenting and how they could overcome these challenges as a couple, keeping their relationship functioning in a healthy way.

Support services should also be available to all adoptive parents, whether it be through a supportive agency or social worker. Adoption agencies should therefore look at the current aftercare support they provide to adoptive families and assess if it addresses their experiences of relational stress and adjustment.

The following suggestions were made by the participants of the current study and are deemed very practical:

- A mentorship programme where prospective adoptive couples are linked to adoptive families for support and guidance.
- A possible “blog site” or webpage with usable and SA friendly links to psychologists, doctors, occupational therapists and other professionals to help with attachment issues, bonding, behaviour challenges and developmental delays.
- Semi-sponsored help in terms of psychologists, occupational therapists and doctors.
- Free schooling for adoptive children.
- Respite care for adoptive children with behaviour problems, to give adoptive parents time to recuperate.

## **4.2 Recommendations for future research**

The researcher is of the opinion that future research could be considered:

- This study could be continued in terms of obtaining an understanding of the relational stress and adjustment experiences of the adoptive children to observe if they differ from that of the adoptive parents' experiences.
- Future studies could also focus on different support services that could be developed in order to address the experiences of relational stress and adjustments leading to relationship and adoption breakdowns.
- Gauteng is a large province within South Africa. A small sample was drawn from four adoptive agencies and private adoption social workers using purposive sampling, which is a non-probability sampling method. As a result, the findings could not be generalised. A larger scale study would need to be conducted.

## **4.3 Recommendations with regards to the formulation of specific adoption policies and protocol**

Throughout this research study the researcher became more and more aware of the lack of standardised adoptive procedures and policies. Although the statutory process of the adoption is laid out within the Children's Act no. 38 of 2005, the way in which different organisations approach the process differs, which could leave prospective adoption parents to become frustrated by the process. It is therefore recommended that adoptive policies, protocols and standards are being developed to which all agencies and social workers dealing with adoptions need to adhere to. It is believed that it is only when such policies and standards are being put into place and are adhered to that adoption social workers can truly claim that they act in the best interest of the child.

## **5. LIMITATIONS OF THE STUDY**

The limitations of this study can be seen as follows:

- Data collection could not commence as planned as a consequence of ethical clearance delays.
- The data collected was restricted to a smaller geographical area of Gauteng, South Africa, which therefore means that the research findings cannot be generalised to other provinces of South Africa.
- The participants that took part in this study all completed their adoption process within either one of two adoption agencies, or one of two private adoption social

workers and therefore the study did not give an overall reflection of all adoptive processes as a whole.

- Obtaining the help of adoption agencies or social workers posed a challenge to the researcher as participants were only obtained via four organisations or social workers. Some participants were obtained via referrals of previous participants.

## **6. FINAL COMMENT**

Creating “forever families” for children in need comes with great responsibility. Adoption agencies and private social workers alike need to place a focus on not only creating these families but sustaining them as well. The relational stress and adjustments experienced by adoptive parents can have long lasting effects on the successfulness of the adoptive placement and if not addressed can lead to adoption breakdown. Although often adoption statistics show how children are being forgotten within the system and adoption numbers remain low within South Africa, adoption breakdowns are on the rise with adoptive families left feeling frustrated, hurt and let down by the lack of care and effort put into supportive services. Relational stress and adjustments create difficult situations for adoptive families to overcome, however the provision of adequate adoptive policies and protocols would address the lack of support, in turn helping to sustain the “forever families” created.

## **SECTION D: APPENDICES**

## APPENDIX A: INVITATION LETTER TO PARTICIPATE IN THE STUDY



### PARTICIPANT LETTER OF INVITATION FOR ADOPTIVE PARENTS

#### TITLE OF THE RESEARCH PROJECT:

Parental experiences of relational stresses and adjustment in the first 5 years after adoption.

#### REFERENCE NUMBERS:

**PRINCIPAL INVESTIGATOR:** Claire Sarah Smith

**ADDRESS:** 10 Doring Road, Wilro Park, Roodepoort

**CONTACT NUMBER:** 083 289 8851

**EMAIL ADDRESS:** claires777@gmail.com

You are being invited to take part in a research project that forms part of my Social Work Master's degree in Child Protection in the form of a research mini-dissertation. Please take some time to read the information presented here, which will explain the details of this project. Please contact the researcher should you require more detailed information on the project. Your participation will be **entirely voluntary**. You will be free to withdraw from the study at any stage, should you so wish.

#### What is this research study all about?

This study will be conducted within the area of Johannesburg, Gauteng and will involve unstructured interviews with me as the researcher who is currently working as a social worker for Bethany House Trust, Child and Youth Care Centre and studying for a Master's degree in Child Protection.

#### Why have you been invited to participate?

- You have been invited to participate because you have the required practical experience and knowledge that will enhance the study on the experience by non-related adoptive parents.

#### You have also complied with the following inclusion criteria namely that:

- You are a parent or parents of an adopted child or adopted children through the non-related adoption process and you live within the Gauteng area.
- You are fluent in Afrikaans or English.
- You have been through the adoption process after or within the years 2011-2015.

- You have provided the researcher with written informed consent and are thus willing to participate in the study.
- You are willing to be interviewed jointly with your spouse if applicable.
- You are the adoptive parent of an adopted child that did not stay with the adoptive family in foster care for longer than 2 months at the time of the formalisation of the adoption.
- You will not be discriminated against if your adopted child(ren) suffer from confirmed or unconfirmed mental health, developmental or behavioural issues.

#### **What will your responsibilities be?**

- You will be expected to attend a scheduled appointment with the researcher that best suits your timetable for an unstructured interview. The interview will last for approximately two hours wherein the researcher will try to gain an understanding of your experiences as an adoptive parent of any relationship stress and adjustment stress that you identified in your first five years of the adoption.

#### **Will you benefit from taking part in this research?**

- There will be no direct benefits for taking part in the study, but you will be given the opportunity to voice your thoughts and opinions and share your experiences. Results from the study might also enable social workers and other professionals working in the field of adoption to respond to the recommendations, consequently provide a more tailor fit and problem specific aftercare support service to the other adoptive families in the future.

#### **Are there risks involved in your taking part in this research?**

- Possible risks of taking part could involve the sharing of some emotional and personal information with me as the researcher while you do not know me. Sharing this emotional and personal information might cause you to become uncomfortable and it might also leave you with upset feelings. Should you experience any of these feelings and you wish to withdraw from the study, you will be allowed to do so without any further consequences. In situations like these, none of the information that you have shared will be used in the research report. Furthermore, should you wish to attend counselling sessions as a result of your experiences during the interview, you will be referred to the social worker in your area responsible for adoptions. You will be granted three free sessions in situations where a fee is required to attend these sessions.

#### **What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?**

- If at any stage, you feel uncomfortable you will be allowed to end the interview. You will also not be obligated to answer all the questions.
- I will also give you the opportunity to be involved with a counselling session provided by your adoption social worker or social worker who provides

services within your area. If any costs are involved I will gladly pay for three sessions in which you will be able to discuss any difficult feelings that the interview has brought to light.

### **Who will have access to the data?**

- The raw data will only be accessed by myself as the researcher, study leader and co-study leader. Each of us will also sign a confidentiality agreement to ensure that all of your identifying details are kept confidential and private.

### **What will happen with the data/samples?**

Once we have completed your interview I will transcribe the interview in order for me to be able to identify any themes within all the interviews I have conducted. I will then delete the recording from the recorder and save your transcribed interview on a password protected computer. The notes taken down during the interview will also be stored along with any hard copies of the interviews in a locked cabinet in my office. Once the study has been completed all the data will be stored for a period of five years in an alarm protected room at the Centre for Child and Family Studies, after which it will be destroyed.

### **Will you be paid to take part in this study and are there any costs involved?**

In order to ensure that you do not suffer any costs for participating in this research project I will reimburse your travel costs up to a R100,00 when you have to travel to my office to attend the interview.

### **Is there anything else that you should know or do?**

- You can contact Claire Sarah Smith at 083 289 8851 OR by email to [claires777@gmail.com](mailto:claires777@gmail.com) if you have any queries or need more information.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2089; OR by email to [carolien.vanzyl@nwu.ac.za](mailto:carolien.vanzyl@nwu.ac.za) if you have any queries, or concerns that you have not been adequately informed by the researcher.
- You will receive a copy of this information form and consent form for your own records.

## APPENDIX B: VOLUNTARY CONSENT FORM



### INFORMED CONSENT DOCUMENTATION FOR ADOPTIVE PARENTS

**TITLE OF THE RESEARCH STUDY:** Parental experiences of relational stresses and adjustment in the first 5 years after adoption.

**ETHICS REFERENCE NUMBERS:** NWU-0071-6-S1

**PRINCIPAL INVESTIGATOR:** MRS IF JACOBS

**POST-GRADUATE STUDENT:** MISS CS SMITH

**ADDRESS:**

**CONTACT NUMBER:** 082 822 1852

You are being invited to take part in a **research study** that forms part of my Social Work Master's degree in Child Protection. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-0071-6-S1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

#### **What is this research study all about?**

- *This study will be conducted in Johannesburg, Gauteng within a private venue of your choice and will involve one unstructured interview with experienced health researchers trained in interviewing. 12 participants will be included in this study.*
- *I plan to use the interviews to gain an understanding of the impact that the adoption has had on your life as an adoptive parent. I will look at aspects such as any adjustment problems you as a parent(s) has experienced within the first 5 years of the adoption.*

#### **Why have you been invited to participate?**

- *You have been invited to be part of this research because you have the required practical experience and knowledge that will be needed to enhance the study on your experience with adjustment and relationship stress after the adoption.*
- *You also fit the research requirements as you are a parent or the parents of a non-related adopted child or adopted children and you live within the Gauteng area. You are fluent in Afrikaans or English and have been through the adoption process within the years 2011-2015.*

#### **What will be expected of you?**

- *You will be expected to attend a scheduled interview within October or November 2016 with the researcher that best suits your time schedule and at a venue of your choice. The interview will last approximately one hour wherein I will try to gain an understanding of your experiences as an adoptive parent with regards to adjustment and relationship stress after the adoption. One main question will be asked with possible follow up questions. The interview may also possibly be followed up with another interview if you are interested in the results of the study.*

#### **Will you gain anything from taking part in this research?**

- *If you are to take part in the research study, there will be no direct benefits for you.*
- *The other gains of the study are for a long term basis. Society will benefit in that social workers might respond to the recommendations that are made and might render aftercare support services to the participants based on their expressed experiences and the recommendations made by the researcher.*

**Are there risks involved in you taking part in this research and what will be done to prevent them?**

- *Possible risks of taking part could involve the sharing of some emotional and personal information with me as the researcher while you do not know me. Sharing this emotional and personal information might cause you to become uncomfortable and it might also leave you with upset feelings. Should you experience any of these feelings and you wish to withdraw from the study, you will be allowed to do so without any further consequences. In situations like these, none of the information that you have shared will be used in the research report. Furthermore, should you wish to attend counselling sessions as a result of your experiences during the interview, you will be referred to the social worker in your area responsible for adoptions. You will be granted three free sessions in situations where a fee is required to attend these sessions.*

**How will we protect your confidentiality and who will see your findings?**

- *Anonymity of your findings will be protected by the fact that your personal and identifying details will not be published. You will also be provided with a pseudo name as to ensure that you stay anonymous. Your privacy will be respected by holding the interviews in a setting of your choice and in a room/office where the interview will not be interrupted in any way. Your results will be kept confidential by ensuring that all persons who handle the recordings of the interviews or any of the information collected from the interview sign a confidentiality agreement. Apart from me, these people will include my study leaders and the co-coder who will help me to make sure that the data have been analysed correctly. Findings will furthermore be kept safe by locking hard copies in locked cupboards in my office and electronic data will be kept on my computer and will be password protected. As soon as data have been transcribed it will be deleted from the recorders. Data will be stored for 5 years after the study has been completed in an alarm protected room at the Centre for Child, Youth and Family Studies in Wellington.*

**What will happen with the findings or samples?**

- *The findings of this study will only be used for this study.*

**How will you know about the results of this research?**

- *You will be invited to attend a group session where the results of the findings will be discussed. Otherwise an information pamphlet will be send to you highlighting the results of the findings.*
- *You will be informed of any new relevant findings via email.*

**Will you be paid to take part in this study and are there any costs for you?**

- *The study is funded by myself and as a result, I will not be able to pay you for taking part in the study. You will, however, be funded for your travel expenses up to the amount of a R100,00, when you travel to my office for the interview. This will be paid to you after the completion of the interview. Refreshments will be served when you arrive at the office and before you begin with the scheduled interview. There will thus be no costs involved for you, if you do take part in this study.*

**Is there anything else that you should know or do?**

- You can contact Mrs IF Jacobs or Miss C. Smith at (Number) or 083 289 8851 respectively if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or [carolien.vanzyl@nwu.ac.za](mailto:carolien.vanzyl@nwu.ac.za) if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

**Declaration by participant**

By signing below, I ..... agree to take part in the research study titled:.....

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature of participant**

.....  
**Signature of witness**

### Declaration by person obtaining consent

I (*name*) ..... declare that:

- I clearly and in detail explained the information in this document to  
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature of person obtaining consent**

.....  
**Signature of witness**

### Declaration by researcher

I (*name*) ..... declare that:

- I had it explained by ..... who I trained for this purpose.
- I did/did not use an interpreter.  
I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature of researcher**

.....  
**Signature of witness**

## **APPENDIX C: INTERVIEW SCHEDULE**

### **Interview schedule for unstructured interviews with adoptive parents:**

#### **Scenario:**

Firstly, I would like to thank you for taking time out to meet with me and help me complete this research study. Would you like some coffee, tea or something cool to drink? I have also brought some snacks along, so please help yourself.

I would just like to take some time to explain to you why I have chosen to complete a research study on the experiences of adoptive parents. There has been a lot of research done on adoptions and the impact the adoption has had on the child. Very few studies look at the impact it may have on the adoptive parents. I therefore would like to use this study to try and bring in some research on the type of stress and adjustment experienced by adoptive parents like yourselves.

This interview will be approximately two hours long and only comprise of one main question with smaller questions used to gain a more in-depth picture into your experiences of stress and adjustment after the adoption.

Please remember that you are not obligated to answer all the questions and that you can ask to conclude the interview at any time. Any answers that you provide will be treated with confidentiality and you will not be exposed in any way.

I would also like to request that you give permission for me to record this interview in order for me to later on sit down and transcribe the interview so that I can identify any themes within the interviews I will be holding. During the interview you will also notice that I will be taking down some notes. This will be done in order to help me to gather my thoughts and be able to remember what has been shared in the interview. Both the notes and transcribed recordings will be kept confidential and in a locked cabinet. All electronic copies will be stored on a password protected computer that can only be accessed by the researcher and study leader.

Do you have any questions that you would like to ask before we start with the interview?

#### **General question:**

Tell me about your experiences of relational stress and adjustments that you had to make in the first five years after you have adopted your child(ren).

## APPENDIX D: TRANSCRIPT EXAMPLE

Interview One – 10 December 2016

Place: Participant's home – Randburg

Persons involved: Claire Kriel (researcher) – Participant 1 & Participant 2

C: Researcher

P1: Participant 1

P2: Participant 2

C: Firstly, I would like to thank you for taking time out to meet with me and help me complete this research study. I do also apologise for confusing the days and the mix up in days. I would just like to take some time to explain to you why I have chosen to complete a research study on the experiences of relational stress and adjustment of adoptive parents. There has been a lot of research done on adoptions and the impact the adoption has had on the child. Very few studies look at the impact it may have on the adoptive parents. Those of us working in the field of social work often see many failed adoptions, where the adoptive parents end up bringing the adopted child back to the Children's home due to behaviour problems and other issues like that. It is for this that I would like to use this study to try and bring in some research on the type of stress and adjustment experienced by adoptive parents like yourselves that could possibly lead to a better understanding on how to address issues that lead to failed adoptions.

This interview will be approximately 1-2 hours long and only comprise of one main question with probing questions used to gain a more in-depth picture into your experiences of stress and adjustment after the adoption.

Please remember that you are not obligated to answer all the questions and that you can ask to conclude the interview at any time.

P2: There will be some of those. Depending on how probing your questions are of course. Haha, this is not like the interview like when you're wanting to become an adoptive parent where you have to answer all the questions.

C: Haha, Ja, definitely not. Any answers that you provide will be treated with confidentiality and you will not be exposed in any way.

P2: Does your study distinguish between inter-racial adoption and non-inter-racial adoption?

C: No. The main exclusion factor in my study would be not to interview families of related adoptions where a family member has adopted another family member, as this research is focused on non-related adoptions.

P2: Oh okay, well a question for you would then be in the failed adoptions that you see, would you say that there are any common factors that lead to this phenomenon? Such as race?

C: No, not really but we will come to this later in the interview.

P2: Really, well that is what I would have thought but we will come to it later again and I will explain why I thought this.

C: Okay, no problem, just again I would also like to request that you give permission for me to record this interview in order for me to later on sit down and transcribe the interview so that I can identify any themes within the interviews I will be holding.

P1 & 2: I do not have a problem with your recording the interview.

C: Then just to inform you that my study leader or study supervisor may want to listen to the interview, if they are not happy with the transcription in order to see if I have missed any themes, however they will also sign a confidentiality agreement so as to ensure that all your details are kept confidential. This raw data will then be stored at the university when the study is complete.

P2: Oh great, which university is it again?

C: North-West University of Potchefstroom. Do you have any other questions that you would like to ask before we start with the interview?

P1 & 2: No, that is fine.

C: Let's start with you giving me a little bit more information with regards to your adoptive family. What lead you to the decision to adopt?

P1: Well, I am unable to have any children biologically, umm, so after I had an operation similar to a hysterectomy when I was 36, we waited about two years where we decided to not focus on children or take any decisions around that. This was actually very good for our family as we were able to focus on ourselves and be happy, otherwise you could just

run out of energy trying to fix things. So, after that we never did IVF, we never did anything like that, we just decided to adopt.

C: Why would you say your family just decided to adopt?

P1: Well, I think possibly for me, as a teacher I worked with a large number of underprivileged kids and I was used to working with kids from a different race than me, so I had no issues with children. A child is a child to me, so then for me that was the one thing and then also we are reborn Christians so for us it was also the God aspect of it, you know, the belief that it is also a godly thing.

We didn't want to run out and spend money on IVF, I think it is a hectic amount of money and a very emotional journey. I mean, I don't know how it is but I know that it is very invasive you know, so for us it was really just an option of adopting kids. It was never really an issue for us. I mean we don't have racial issues to have dealt with ourselves.

P2: For me it was very simple, I question why people do IVF. And sure, you can get into whether that is judgemental or not, but my point is why do people do it. I mean, there are kids who need parents and parents who need kids, why not just put those two together? That's how I think logically. To me it must be that people do IVF because they have a desperate need for those kids to be genetically related to them.

P1: Ja, we had no fear about the normal fears that people have. Well, maybe we didn't think about it but we had no fear what so ever.

P2: To me it was just a simple solution, there was no point in going through all that rigmarole because that stuff was just not important to us, you know. Um, to me, I thought that in God's economy for us, that there would be no difference for us, especially if those kids were genetically related to us or not. And having gone through the adoption process, well, the only thing we don't have to compare it against is that we don't have any children of our own, we don't have genetically related kids that we can compare and say ah, we feel that same about all our kids. But certainly, for being in contact with other parents we have those examples and I could say that there is no difference. We certainly don't believe that we think any differently, you know, you don't think that thought is not at the top of your mind. It's just your kid, they must eat, they must sleep, they must listen to you, they must be stimulated, they must everything. So, that's just to me the very simple logic as to why we chose to adopt. It was rather why no, rather than why.

C: Okay, yes that is a very positive way of looking at it, well since then after you decided to adopt, what would you say was your next step?

P1: Well, our next step was to find a social worker, so we basically just googled it, and Organisation X came up. So, we went to see them and that was it. Oh wait, we did speak to one couple that we met in church. They were actually an American couple who adopted some kids, two South African kids and they worked for World Vision, and um, they had gone through Organisation X, so I think that is why we chose to work through them. So, now that I think about it we didn't have any prep really, I mean we spoke to that one couple and that was it.

C: Okay, and then when you got there, to the social worker and expressed your desire to be an adoptive family?

P1: Well, one of the first things she said to us was, "we don't do white adoptions." And I said well that is fine and that is what we thought. Well, then they started with the process, the 200 something marriage questions that you have to fill in, ah just asking us about our story, our history, and all the paper work of course. It was a lot but you know it wasn't, we had a lot of time, we had 10 months. We just worked through that. Um, I wouldn't say that the process itself was very insightful to us, I see that they have changed now though and they have training groups now for adoptive parents looking to adopt. They asked us to come and speak at one which we did. So, I think it was the second last interview that was very hectic for me as in that interview she asked us if we would be willing to take a child with special needs or would we be prepared to take a child with HIV. They even asked whether we would be willing to take a child where the mother had been sexually violated and all that stuff. I was not prepared to answer those questions so it was like, oh my word, we haven't even thought of that stuff. I mean, we had said from the beginning that we don't have medical aid so we didn't want to take in a child that would require specialised medical care. But we also felt that when they present us with a child that we would have to look at the case, and assess from case to case, pray about it and see that was God's will. It was exciting and frustrating, all in one. As you can imagine.

C: Yes, okay, I can imagine that it felt like a roller-coaster. Earlier you mentioned the training, especially that you did not receive any type of training, what type of training would have been for you the most helpful in the pre-adoption phase?

P1: For me I say the most helpful would be to sit down with another couple that have adopted. Because you feel free to ask questions there. I mean no one can actually train you to be a parent, you learn as you go along. I mean we read a lot. I bought a lot of books on adoption, even though there are not many South African ones available here. I mean I read a lot, I had a lot of time, some were very negative but mostly American based. Um, I read that book 21 things the adoptee would like their adoptive parent to know which was

very negative, then I read that one, from a well-known author from South America. So, I read a lot, I read a lot of blogs of people who have adopted. I mean that would be the most valuable for me, I mean to sit down and ask so, how did you deal with this, and this is our fear did you also experience that, what's been the most difficult and the best parts?

P2: We have recently been through an experience like that with another couple and I think that it was amazing. I mean being about to spend two or three hours with someone asking all the questions and hearing their story, you know. Cause when they hear our story then I think it is encouraging. Definitely.

P1: Yes, like an ongoing blog post, there is that, um, we had, when ... was in Grade R there was a German couple, there were actually three kids from the Salvation Army here in Firlands that got adopted by Belgian parents and they were adopted in that year, they were in ...'s class and by June they were gone, I don't know how they did that but that was amazing, so they all went overseas and those parents have a blog. So, we can go on there and see what is happening and they put pictures and stories up which is really nice. So, something like that, I think a face to face or ...

C: Like a mentorship almost?

P1: Yes, I mean someone that you can phone and if you don't need them, you don't need them, but it would give you peace of mind.

P2: Yes, that type of relationship would really be amazing.

P1: We did belong to an adoption group in the beginning, um, when our kids, the eldest two were small. But I actually would say that I personally am not so keen on adoption groups because I find that I don't want my children's identity to be grounded in that they are adopted. I mean ... our oldest one started calling herself, ... the adopted one, and we were like no ways, yes, you are adopted but that is just part of your story, that is not your whole story. So, I am a little weary of that, we have a lot of friends who are adoptive families. And that works for me so your kids see other adopted kids, but it's not only.

P2: So, it is normalised from that point of view, but it is also normalised from the point of view that you mix it up with traditional families.

C: Okay, and then what year did you start your adoptions?

P1: Well, the process we started in 2005, October. So, we have been busy with the adoptions for the past 11 years. Our last one is still in the process and has not yet been finalised. The admin work is still not finalised. But the heart stuff is done long time ago. We

got our youngest in February of 2015, so she has been with us for almost two years. She was two months when we got her.

C: Wow, well then your adoption process must have been a very long one for you now, especially since you have been through four adoptions. You mentioned earlier about the frustrations. In what way could you describe those frustrations?

P1: Well, from my side I would have to say, a complete lack of communication. I mean, we have had two different experiences. Our first two adoptions were done with Organisation X and our last two with Social Worker A. Social Worker A would phone me when she said she was going to call me, she would actually phone me. You know when she phoned me for the first time I was shocked, I thought something was wrong, and she said no she is just giving us some feedback, and I was like, wow, this has never happened to us before. She kept us in the loop of what is going on.

P2: She showed us that she cared. She was emotionally involved in what was going on in our lives. Obviously all social workers can't be the same um, certainly, Social Worker A doesn't try and separate her emotional part of herself from the process, so she seems secure in herself in that sense.

P1: She loves that kids.

P2: Whereas at Organisation X we got the very distinct sense that you know we are trying to separate ourselves from the emotional side of this thing, and for your sake we recommend that you do that same. They didn't obviously use those words but we just got that sense. To give you an example, the vocab that they use, so when she basically told us that there is a little girl she told us we have a referral for you, you know, we have a referral for you, and you know ...

P1: We didn't even know what that actually means ...

P2: So we like okay, what does that mean? This is the photo of the child and this is where she is, so we suggest that you go and drive down to Durban and go and meet her. And then sleep over the night and think about it, you know, take a day or two and make up your mind, then we thought, you know, how can you meet a child and then walk away from them, but subsequently something like that has happened to us. I have changed my mind on that I am no longer as judgemental on that. But I think we can attribute that to the social workers having to deal with a lot of parents who meet the child and saying that no, this is not the right child for me and walking away, so I can understand that they have become clinical and free from emotional attachment. I mean, just the vocab that they use and the

way they do it with the parents, maybe they are trying to create a safe environment so that if you want to walk away you can. Anyway with Social worker A it was just more personal, maybe because she is a one-person operation.

P1: Yes, you felt like she was as excited for you as you were. It was so lovely because you felt like a team with her, you felt like she was on your side she would tell you. She would give you good advice, you did not need to ask her. She would also ask, please send me photos of how the kids are doing. Just very nice, wonderful and warm.

P2: You know, when you deal with an organisation like Organisation X it feels like you are dealing with an organisation, it feels like you are dealing with a system, with red tape, with democracy, with walls behind walls, you know, of admin. So, you kind of feel like you're dealing with post office or home affairs ...

P1: No, not quite.

P2: Ja, okay not that bad, but that versus we have been dealing with Social Worker A, when we got Max, Social Worker A had informed us of five new-borns, and we were very interested in that as the baby would benefit from being with us as early as possible. But then when we went to the home and saw ..., 5 and a half months old, he was sitting there ...

P1: He was the only one that age.

P2: And he was just beaming and all of us were just like this is just our son, this is our little brother. So, but then he was not assigned to Social Worker A. But that was not an issue for her she just said I will do it, she spoke to the social worker dealing with his case. So you get a sense that red tape, you are not dealing with the rigid system that you can trust her and that she will go out of her way to make something work. She will pick up a phone or visit you at your office. So, those are the differences between the two types of experiences.

C: So, basically you would say that working with a private social worker, one on one, was more in a way homely, rather than a bigger organisation who was just working with cases.

P2: Yes, they were just moving their cases along.

P1 Yes, Susan made you feel cared for, like you weren't fighting the social worker and the system at the same time. The social worker was actually on your side.

C: Okay, did you ever voice any of your frustrations with the social worker or organisation?

P1: No, we did not, it would have been of no use. I mean, when we went to fetch our second child, ..., the place where he was, was really not nice, what they said was not then true, like they said he had never been sick but when I looked at his chart, he was coughing, we had to take him to the "pead" the next day. The "pead" was so upset, I said I know, and he had thrush all over him, down everywhere. He was so sick. He had an ear infection, eye, nose bla bla. And we did go back and explain that this place is not a good place, but we just felt that they didn't care.

C: Okay, then how would you have liked them to react, rather than push your frustrations aside? What type of services do you think they could have implemented to help you?

P2: You know, it's hard to say. If I had to really imagine that system changing, I wouldn't imagine that it could. The social worker, at Organisation X, is just not that kind of person to change. So, I could not imagine it being anything different.

P1: But, if I would have to think probably that would help, that would be practical is um, for her to say okay, when we were there the first time, this is a list of five um, adoptive parents, who have adopted and are happy to chat with you guys. Cause then it's nothing on her, but it will help.

P2: In their defence they did organise an event for the parents, but that wasn't very personal either ...

P1: No, but that was for the other parents. We were there to talk to them.

P2: Okay, I remember.

P1: But you also have to pay for that now, they did invite us again.

P2: But I think if she (the social worker) could set a reminder on her computer every two months, just to give you an update ...

P1: Or have a person that can update you, communication ...

P2: Like there is a long waiting period that there is just nothing. I mean you don't know what is going on ...

P1: Or if there is a site where you can track, "What's up with your adoption."

C: Haha, that's clever.

P2: But one day you just get that call and she says, we have a referral for you and then from there it just all happens very suddenly. Like within a month, so its an extreme experience.

P1: I think they are just overloaded with work.

C: You have stated that a possible solution to some of the frustrations in the process would be to employ an extra person whose job is to do updates, maybe some trainings and to be a help to adoptive parents, is this right?

P1: Yes, simple things like that, send an email out with interesting articles, have a Facebook page I mean that's not difficult, with interesting articles, top ten tips from an adoptive mom. Whatever, you know. It's possible.

P2: Ja, I don't know if there is such a thing like Adoption South Africa ...

P1: There is.

P2: Well, what do they do? Do they have a place where you can get all the information you might need?

P1: No.

C: There is an adoption coalition that fights for better adoption services, but not many people know about them.

P1: Yes, our friend was doing the admin for them, like if I email them and tell them I would like to adopt they will refer me to a social worker. So, that's what they do.

P2: Okay, well you found them and searched for them before we started the process, because obviously if you are going to be interested you are going to google Adoptions South Africa you will find some links ...

P1: Yes, like adoption starter packs.

P2: Yes, I think that if we had an information network where it was all in one place and you didn't have to search for days it would be very helpful. I mean that stuff can be done if you apply for government funding, where you employ a person permanently to run that. If that is an official organisation. It just takes two years or so. We did it with animation South Africa. It takes two years or so to get all the admin sorted. And you need someone to champion that, so someone who is permanently in the industry, kind of has to take that on themselves or a group of people. But it can be done and then you could have people's

stories on there, you could have people who willingly put their names up in there, you could have recommended books, you could have a checklist, you know.

There is just so much unknown information, that you kind of all have to, every couple that does it has to go and find out all of this information by themselves. I guess that's why if you could spend two or three hours with an adopted family, that takes care of that kind of stuff.

C: Yes, what type of services were provided to you that had helped you through the process of adoption? Maybe the social worker had some sessions with you to provide information to you, or maybe you went through some type of training?

P1: Ja, at one point we had that screening process, but I mean that wasn't really counselling, that was more probing, um, ja.

C: Nothing really that you can think of?

P2: No.

C: What services were provided to you after your adoption was finalised?

P1: Well, we never heard from them again, so none. Well, when we adopted our first child we had one follow up call, but since then, when we adopted ... from them we have not heard anything from them since. We have received emails from them to donate them money and for ja, fundraising, that's all I have had. No follow up. Which is fine with me but the thing is we could be doing anything here you know what I mean, I mean you don't know.

C: So, would I be right in understanding from what you have just said that now being parents of four adopted children, follow up visits from the social workers would have been helpful to you?

P2: It wouldn't have, but it might have put us at ease, that these guys actually care about the children and that they are there to ensure they are safe.

P1: I mean we are in constant contact with Social Worker A ...

P2: That just shows you that the previous organisation is not invested in the adopted family. It wouldn't have helped us to have them follow up.

P1: And also a lot of the social workers are not adopted parents.

C: Tell me about your experiences of relational stress and adjustments that you had to make in the first 5 years after you have adopted your child?

P2: Well, I don't think that there is any difference in that than that of a biological family. I think that is part of the problem that I have because I think that parents should not be allowed to bring their adopted kids back, I mean, you know, because the thing is they only think they have that option because they are adopted. If they weren't adopted they wouldn't have that option and they would be forced to deal with it. So, for me the relational stresses are exactly the same as that of a biological family and ones that you get through and learn to deal with as time goes on. No one can tell you how to deal with them.

C: Okay, I see your point, but if you had to name some, what type of relational stresses did you experience?

P1: A lack of time together, ja, goodness, your whole life is over now, cause also we were older, I was 40 when ... came home. So you have had such a long time of being only together, like going out for supper three times a week, doing whatever you want ...

P2: You have no more money; you have no more time ...

P1: And nothing is your own because they scratch in everything ...

P2: You go from being the king of your world, the master of your world to being the slave. And nothing is negotiable, I mean if you have to get up in the middle of the night, get in the shower with your baby daughter in a cold shower because she has a fever you can't break, then you have to do it you know, and that sucks! So, all sorts of things like that ...

P1: Yes, it's the normal stress, yes, lack of time together, the stress when your child is sick, that's a high stress on parents when you don't know what to do, it's your first time. Now we are much more relaxed. We don't go to the doctor every week anymore, hardly ever, go only when the child is really sick.

C: Now saying that when your child is sick you would go to the doctor immediately, as an adoptive couple you would be more prone to taking those protective steps.

P2: No, all parents are the same. It's like a helicopter parent.

P1: No, just as a first time mom I think you are super overprotective, and you feel like you don't know what you are doing. We see it with all of our friends whether adopted or not. But ... was very sick but that was neglect based. He needed a lot of intensive medical care like physical therapy because they never picked him up. ... was two months old when she

was given to us at 2 kgs, she was 1,2 at birth so she was vulnerable and she breathed weirdly when she came home so with her there was added stress, because I had three other kids obviously a new born, technically, and she had been very very sick. I mean Social worker A when she saw her 6 months later said, "I didn't think she was going to make it." So, it is the normal stress of an everyday parent but ...

P2: Yes, it is normal, I mean you get parents with kids that has jaundice or was prem and they would do the same.

P1: But I think that it is the fact that you do not have any medical history, you see, not with any one of our children is there a medical history. So, that does make it difficult. I mean I don't think about that but when you go to the doctor when they ask there is nothing. And that will be something that will be there for the rest of their lives you know. They will have to say they do not know. It is not something we think about often, but it can be a stress for other adoptive parents.

P2: Ja, I don't think it was an additional stress for us, we just deal with it as it comes.

C: Okay, so from what you have just said I can understand that you do not feel that the experiences of relational stresses and adjustment are not different from that of a biological family. Would you however not say that they have the 9 months to prepare and then with adopted families like you have stated before once you have been matched with a possible child it all happens very quickly?

P2: Yes, yes that is stressful.

P1: Yes, that is stressful, I mean with me I went into a shock kind of thing. All I can relate it to is when my sister died, I had the same feeling, so I know it was shock. Like that instant, oh my word, now my whole life changed. But the joy overrides that, because you have been waiting and here she is, I didn't care how shocked I felt, I got over that and with the others I wasn't that shocked. Just excited. It is hectic, but it is so joyous that I don't mind feeling like that again and again.

P2: Ja, but I think we waited about 10 months, and there are steps that you can take to prepare yourself, you know, I mean biological parents would prepare the room, and we also did that ...

P1: That was the one book that I read that was actually very valuable, I mean she had steps, "What to do in the waiting period" and I found that great cause like, okay ja, obviously choose a name, prepare the room, buy this, do that, start buying one thing ahead

of time and I often say that because also when you have been waiting long for a child you really actually think it is never going to happen, so I say start buying something, the first thing you buy then it is a reality for you, and continue to buy every month or every so often something. And also start saving. Buy nappies long in advance.

P2: One of the advantages is that you, based on your request or specification, you know what the gender of the child is ...

P1: Yes, but you don't know what the age of the child is. In some ways I would say that you are better prepared because you have waited so long. I mean you have thought about this child much more than, well I don't know about a biological mother, but I would say I had thought about my children for years in advance.

P2: That is also a potential difference. The child is wanted. I mean with someone in our position, there is no chance of it being an accident, there is no confusion, about whether that child is desired or not. I mean you know the parents are not fighting about whether they wanted this child or not ...

P1: Why did you get pregnant? So you really want them. And that is what we tell our kids as well. Adoption is intentional. It's cool because it is intentional, you don't adopt by accident or a mistake.

C: Okay, could you maybe identify some relational stress between the siblings?

P2: It's small I would say. The majority of the relational stress is the normal sibling rivalry and you see that in biological siblings or traditional families.

P1: Ja, I always say that when a new baby comes into the house, whether adopted or biological it takes three months to settle for me. That's my thing. ... took longer because she was prem and etc. but I home-school my other kids so. Um, but it always takes that time. But I have been amazed I mean never ever, with ..., between ... and ... there is no problems. The older kids understand because they have been there when we have selected another child, but never ever have my kids said, "oh you are not my brother."

P2: No my darling ... has said it and does use that when she gets angry.

P1: Yes, but not in a mean way, I mean ... did realise at some stage two years ago that oh ... and I are not biological siblings but we are still brother and sister. But that was not in a mean way.

C: Now that you mention that she realised it about two years ago, do you think that there was some sort of adjustment period that she had to work through after she realised they were not biological siblings?

P2: No, not initially, it's not initial, it's when she is older.

C: Yes, no I mean after she came to the realisation.

P2: Oh yes, well it's almost like, you know how odd it is, it's like you know when a kid will say, oh wow that person is fat, and you have to coach them through listen you don't talk like that. This is the vocab that we use and that's how that person feels etc. or they will say, ah that person is ugly or they will say something socially inappropriate which you have to give them a vocab for that and you have to train them how to behave in that context. So, it is the same, you know, they will say something that is reactionary, it's almost like they are hitting each other, its reactionary and mean or socially inappropriate and then you just have to coach them into understanding all the whole eco-system of ramifications around that comment and why they should and why they shouldn't. It is something that is peculiar to our setup but it's not something that is vastly different. It's not a deal breaker or something that breaks the relationship. It's just one of those of kids when they have bad behaviour, they just need to be taught how to behave properly.

C: What about the extended family, were they just as excited and so with it or?

P2: No, I mean you get all sorts. Ummm. Our family setups are very peculiar. Very dysfunctional. My father passed away ages ago, my mother had bipolar disorder all her life, she is in a home and she is more like our dependant. She is not a typical grandmother, I mean we don't let her see the kids, she still has racial issues, she tries her best but at her core those prejudices are very clearly visible, if you compare it to how she treats, umm, for instance my sister's daughters. So, ummm, whereas with my aunt it's the opposite. She is fully aware of, you know, I mean no one gave her a leaflet, she just understands. She goes out of her way to be family to us.

P1: Our siblings were obviously fine, friends were fine. We have had to deal with some prejudice between our friends, a lot of our friends are from an Afrikaans background so, we have to be careful with the things that we say, because often they don't realise that you don't say that to a child, so some education we also have to be gracious and educate.

P2: You also need to give people a vocab. Okay, also in the same way if you say "the parents" and I say no the biological or birth parents. You know. We are the parents. In the same way everyone needs to get a vocab, everyone needs to rethink and redefine their

vocab. They need to actually need to understand what they are saying when they say this word.

C: Would you say that this reaction that you would get and the “education” that you would have to give them would be an adjustment for you in some way?

P2: No, I don't think it would have to be like that.

P1: Well, I didn't think it would be to this extent, it has been one of the hardest things for me. Crazy sometimes, I just wanna be with my children, I don't wanna get stared at. We get stared at all the time. In the beginning when they are smaller and much younger it doesn't matter because I used to tell them, ag, its because you are cute. Now it's difficult because we had to sit them down and explain apartheid to them, and they were like HUH? They don't get it. I had to explain to them that black and white is political terms because you are not white.

P2: We don't use those words in our house.

P1: They are old political words, but everybody else still uses them, ummm, so that's been very hard for me you know, sometimes I just wanna be a family. I don't want people to ask questions. So, there are the odd occasions where I have gone somewhere and I have met people who haven't blinked an eyelid, haven't asked me anything. But it comes with the territory, you have to speak up. I have told my kids, you are gonna have to learn to speak up and say things, that's just how it is. It comes with the territory, but sometimes it's just nice to have people just say hi, oh hello ..., ... and there's nothing out of the ordinary. We can just do whatever we are doing that day.

P2: There is a clear distinction.

P1: So, that's definitely the hardest part for me cause it's been prolonged and it's all the time.

P2: Yes, it's a daily issue, and you know if you gonna go in any direction from here that you are gonna get weird and wonderful reactions from people.

C: You said that this racial issue and constant remarks have been the hardest thing that you have had to deal with. What type of support do you think should have been provided to you for that type of reactions?

P1: There I think you could definitely do trainings. You can definitely do trainings. I mean, we had to first learn the vocab, we had to learn that biological parents, biological bloodline,

adoptive this and that. Learning how to speak to someone who has an issue, what do you say to someone, when they say, "Have you got any of your own children?" well I just say these are my own children they don't belong to anybody else. I mean on the adoption order it says, "born to you." Umm, so I think definitely training in that, umm the challenges that you will face also emotionally in the kids, how to present yourself to other people. Also we had to learn by default, you know, I mean in the beginning we always used to read, we had so many books on adoption for ... and we were reading it to her, cause they say you have to say from the beginning you are adopted and we are so glad that we adopted you. So, we did everything according to the books but then when she was about three and a half she said to me one day, "Oh mommy, I get it I'm a doctor." Like with the younger ones we haven't done any of that stuff. We don't read them the books, we I have never actually read them the adoption books. When they are ready we will talk about it, you know, umm ja. So, I think you can definitely give training.

C: Can you think of any other life area, where you could see that adoptive parents would have to adjust their life, that a training could be provided in the "pre-adoption phase", so that you will know about it beforehand?

P1: Well, for me the crap things people will say to you and how to deal with it, otherwise ...

P2: Like I know we have said that is a daily issue but that wasn't emotionally the hardest for me. Emotionally the hardest for me was having to deal with the interpersonal relational stresses that are unique to us because we are an adoptive family, and how those things get exploited by the kids for the purpose of getting a dig in there. Which is just like when you fight, and you fight ugly, whether it is between a husband and wife, or between a parent and child, or between siblings that is for me the harder stuff.

P1: Well for me that is also very child dependant, like for ... she is a lot like P2, she filters things through her head, so her issues with being adopted have been very few on the outside, they have presented themselves very little. Ummm, she talks about it, we have always had an open dialog, but she doesn't ponder on it at all. She might internalise some stuff.

P2: I mean, she has stated that she doesn't have any interest in looking for her biological family, whereas ... will when he is having a rough time, he'll say, "I don't wanna be in this family, I wanna be with my own mom." And when its going well he'll say, I swear, to this day he will say, "I think I'm getting used to living in this family, I really like living in this

family.” Haha, stuff like that. So, I mean it’s very top of mind things but like when he is angry, he will shout, “you’re not my mother”.

P1: Yes, I mean it can get mean, but as I said that is personal, it’s not everyone. But I think we might have a similar issue with ... because I mean he has a very similar personality as ... But it’s also caused us to speak about that stuff. What do you do when your child says that? I mean you definitely don’t overreact.

P2: So ja, there is a bunch of stuff that you are not prepared for beforehand from that point of view and then when you are in that situation you like, ohhh, I don’t know what to say, so you have to go and think about it. Firstly, you have to go and keep your mouth shut, you know, and then go and think about it and then kind of prepare a response for the next time it comes up. You know. Ummmm.

C: Do you not think that maybe having a social worker that was more involved after the adoption could have been a source of support in times like this?

P1: Yes, I think if you don’t have the resources that we have, I mean definitely, like with Social worker A, I wouldn’t be scared to ask her something like that, no.

P2: It’s just that you don’t expect the social worker to fulfil that role. Once you’re done with the social worker you kind of move on and develop a new support group. You know I think like these people that we spoke to, don’t know if, is it ... love? If she has an issue I don’t think she will call the social worker, I think she would rather call ..., you know, but I think if a social worker stepped up to the plate and out of that person’s own initiative volunteered stuff like that that prospective adoptive family would automatically assume that, ja, you can expect that from the social worker.

C: So, earlier we discussed something similar, such as having a specific organisation or something that created a helpful website or offered classes. Do you think that if there was something similar for after the adoption that people would make use of it?

P2: Absolutely. Think of, do you know, do you ever use forums online? Think of that you know, you use a piece of software there is a forum, you belong to some type of club there is a forum, there is topics that you can search by. That’s pretty not very difficult to do.

P1: Yes, and there also is a, actually the only support that I am aware of, is for people who have adopted older kids. Like there is a psychologist that is at the one church that specialises in attachment and she also has adopted kids. So that carries weight because she has walked through this, she has been through it herself, and when I went with a friend

there was a huge need, because all the people there had adopted from five years up, which as you will know is a totally different story. So, there is a support group. But not so much for the rest of us. But we would definitely use it.

C: So, you would say that for families that have adopted younger children it seems easier to just carry on with a normal life with very little relational stress and adjustment than for those families who have adopted older children?

P1: Absolutely yes.

P2: But I think, when you say normal, I think traditional is rather a better word to use, because the definition for what is normal is also super subjective, whereas at least if you say a traditional you can point to like 60% of families, like the majority or whatever.

C: Okay, so would you say that the adoption itself affected your work life in any way?

P2: It's not an issue. It's just like one of those small facts of life. It happens to me all the time.

P1: It's just one of those annoying things you have to deal with.

P2: To me I like it. I kind of get a kick out of it, because to me it shows something about the person. So, it's like in a professional context you usually don't, well people don't usually reveal a lot about themselves. People kind of keep their personal lives out of it, whereas if I watch their faces, their body languages or whatever, I can usually tell something about them. But I don't know maybe that is a weird kind of idiosyncrasy of mine but it's to me one of those things that makes my life interesting.

C: Based on your experience how would you see the adoption process improving? Like you have said and so have many others that it is very frustrating, how could you improve it?

P2: Well, there are three things I could think of immediately. The one is the initial process of becoming accepted or approved of becoming an adoptive parent. So, that is a rigorous amount of interviews. Well, I don't think I would want to improve that because I think that's good, it helps to screen out the sexual predators and stuff you know, so you know although that is frustrating, ah, well studying for a degree is also frustration, I mean they don't just give it to you, so I don't know if that should change. They could be more userfriendly but you still have to do all of that stuff. Just the communication thing would improve it. Inform the parents of what is going on. And the other thing that I was gonna say that would improve it was, ummmm, clearly the process we had with Social Worker A was vastly

different from the process that we had with Organisation X and the process that we had with Social Worker A was almost idyllic, it was almost like, oh my word, I can't believe it could be like that, so if everyone could have that experience.

P1: I think also that the big thing for me was, like with Organisation X or with an organisation as such, it was like they were doing me a favour. Literally, that's how it felt. With Social Worker A, it was like you know, affirming towards us, not that you need affirmation now, but you know they are not doing us a favour. They should actually be carrying us on their hands. I mean there are very few people that are willing to adopt and who want to adopt. You know, just treat me with some respect, answer my phone calls, phone me back when you said you would, email me, don't just leave me hanging there for four months so that I have to hunt you down.

P2: I mean that is also things that NGO's can be guilty of.

P1: Yes, but not all of them are like that. I think this is a general issue in South Africa. I mean people who want to adopt are treated like rubbish. They should be treated well. I mean foreigners that come to our country want to adopt our children that are living in orphanages should be welcomed.

P2: Yes, that was the third thing that I was going to say. If I was president I would set up a special task team to make it as easy for people to adopt as possible. You actually want the whole world to come here and adopt South African kids. I mean if you are in charge of a government and you have a need in your country certainly you would want to solve that problem in the best way possible. So, instead of making it harder for foreign nationals to come and adopt South African kids it should be the opposite. I mean, remove the barriers and blockages.

C: Well, this interview has really helped me to better understand the types of relational stress and adjustment that adoptive parents go through. I just want to thank you for your willingness to participate and the time that you have taken out of your day to chat with me. Here is a small gift for you.

P1 & 2: Wow, thank you so much, we have never had Crispy Crème before. This is really a special treat for us. Thank you for letting us be a part of your research project. I look forward to hearing the results.

C: I will hold a group session with all the participants in order to give feedback on the research study. I will inform you on the date, time and place of this group. If you do not

wish to attend the group session, I can email you a short information sheet that will outline my results.

P1: Thank you, that sounds great. I would love to attend the group session and meet the other families to hear about what they had to say.

# APPENDIX E: GOODWILL LETTER FROM DEPARTMENT OF SOCIAL DEVELOPMENT



Enquiries: Dr Sello Mokoena  
Tel: 011 355 7855  
File No: 2/9/4C

Dear CLAIRE SMITH,

**RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF SOCIAL DEVELOPMENT**

Thank you for your application to conduct research in the Gauteng Department of Social Development.

Your application on the research ***“Parental experiences of relational stresses and adjustment in the first 5 years after adoption”*** has been considered and approved for support by the Department as it was found beneficial to the Department’s vision and mission. The approval is subject to the Departmental terms and conditions as endorsed by you on the 23/08/2016.

May I take this opportunity to wish you well in the journey that you are about to embark upon.

We are looking forward to a value adding research and a fruitful co-operation.

With thanks.

  
Ms. WR Tshabalala  
Head of Department: Social Development  
Date: 15/9/16.

## **APPENDIX F: ETHICAL APPROVAL LETTER (HREC)**

*Dear Ms Jacobs*

### ***Approval of NWU-00071-16-S1***

*The application for the single study entitled, "Parental experiences of relational stresses and adjustment in the first 5 years after adoption," has been reviewed by the Health Research Ethics Committee and has been approved.*

*The reviewers mentioned that there is a single correction that needs to be made to the informed consent form i.e. please indicate that the interviews will take two hours and not one hour as currently indicated. This change does not, however, have to be re-submitted to the reviewers and can just be made in the final documentation. The reviewers also took note of the submission of the permission letter from the Department of Social Development for the project, which during the review process, was indicated as a condition to ethics approval.*

*It is therefore not necessary to provide conditional approval for this project as the condition as requested has been met and thus final approval is granted.*

*We request that you please send all the final corrected application documents (all the documents e.g. cover letter, executive summary, proposal, application form, informed consent form etc. without any track changes/highlights) with the required signatures, electronically to [Ethics-HRECPProcess@nwu.ac.za](mailto:Ethics-HRECPProcess@nwu.ac.za) and bring the hard copies of these documents to the office of Ms Leanie van Ronge (Building G16, Room 138A). We also request that (if applicable) the applicants please bring the corrected informed consent documentation to the office of Ms Leanie van Ronge (Building G16, Room 138A) to receive the official stamp.*

*Upon receipt of this documentation, an approval letter will be issued and an approval certificate requested from the Institutional Office. Please inform us immediately if there are any amendments required to your study.*

*If there are any queries, please let us know at your earliest convenience.*

*Yours sincerely*

*Wayne Towers  
HREC: Chairperson*

## APPENDIX G: DATA IN CD FORMAT