



**Submission to Senate Inquiry into Forced Adoptions.
From Origins Queensland S P S A.**

Coordinator ---Linda Bryant

Terms of reference
This submission will address

- (a) The role, if any, of the Commonwealth Government,
Its policies and practices in contributing to “Forced
Adoptions
- (b) the potential role of the Commonwealth in developing
a national framework to assist states and territories
to address the consequences for the mothers,
their families and children who were subject to forced adoption policies

Dear Committee members,

I have been coordinator of Origins Qld since 1995 and before that I was registrar of Jigsaw Queensland therefore I have had a great deal of experience in the post adoption field.

In conjunction with the Mental Health Association of Queensland, of which I am a director, I facilitated a national conference in 2004 on the Mental Health Affects of Family Separation.

I am currently on the Post Adoption Service Queensland advisory committee.

Origins Queensland

Is dedicating this submission to the mothers and adopted people who have taken their own lives because the grief and sorrow they suffered as a result of family separation by forced adoption was just unbearable to them.

For the adoptees who, because of section 39 of the 1991 amendment to the Adoption of Children Act 1964, were forbidden to have access to their information by the placement of an objection to release of identifying information by their relative and took their lives before the new act, nineteen years later allowing access, became law.

Also to the mothers and adopted people who know of this Inquiry but are too traumatized to put pen to paper to tell their story. Some have tried but have been too triggered by their pain to proceed.

As Queensland Coordinator I am also a mother of a child lost to forced adoption and have placed a personal submission but felt I needed to give voice to those no longer with us and those unable to submit.

For this submission I am giving a short history of adoption in my State and in the course of that my experience in many years of giving support to my membership.

I, while in my two positions, have spoken to and helped mothers and adopted people in their search and reunion and in those many years have only heard of two mothers who were in a private hospital and arranged for the adoption of their baby.

All others, and there have been many hundreds, were coerced and bullied into signing adoption consents. They tell me of being drugged with high doses of barbiturates, being denied access to their newborns before the Adoption of Children Act came into play on the signing of the consent to adoption and being bullied by social workers, departmental staff, and health dept. hospital almoners.

They are astounded when we tell them they had thirty days to revoke the consent as some went back to the hospital with parents to ask for their babies and were told they had already gone but later find this to be a complete lie as they get hospital records showing the discharge date of their infant to be much later than their visit. What is so disgusting is that they were denied their inalienable right to parent their own child so that an infertile couple seen as so much more deserving could be

substitute parents.

En mass they tell of no one informing them of pensions and foster care until they got on their feet and the right to apply for maintenance from the fathers and state housing for single mothers.

As you will discover a large number of adult adopted people had been terribly abused in the adoptive home and some were just unable to cope with the perception of being discarded by their mothers.

A number took their lives by overdose of illegal drugs, hanging and firearms. Every time I heard of another suicide I thought of the mother who would never again see her child. The wife and children are now without a father and adoptive parents are asking "why?".

There has been little research carried out into the suicide of mothers and children taken for adoption and this would be one of my recommendations for the Senate to consider. Mothers who never had more children and were trying to find professionals to address their ongoing grief were often disappointed in the lack of understanding of adoption loss.

Sadly this is another group who suicided or tried to self medicate with illegal drugs and alcohol with devastating results.

Only one researcher that I am aware of in Australia has researched this subject, this is Dr Susan Gair of James Cook University in Townsville.

Dr Gair also gave a paper at the Mental health conference in Brisbane in 2004 facilitated by Origins Inc and the Mental Health association of Queensland Ltd. I am attaching her research paper ---as Attachment No 1

In Queensland under the 1964 Adoption of Children Act all adoptions were secret and until new legislation [an amendment] in 1991 saw mothers and adopted persons able to receive information about themselves and for the first time acquire an Original Birth Certificate .

Unlike other states all adoptions in Queensland were facilitated by the Department of Child Welfare and there were no church run agencies except the unmarried mother's homes that channelled mothers mostly into the public hospitals to give birth as treatment was freely available at no cost.

The Salvation Army had a maternity hospital attached to their unmarried mothers

home [Boothville] but all adoptions were still facilitated by the State Government. The government consent takers visited the hospitals regularly Monday, Wednesday and Friday and were directed to the beds of the mothers by the Matron. All illegitimate births in Queensland were reported to the department of Child Welfare by the Hospitals under the Infant Life Protection Act. This Act was to protect the infant and was supposed to be used to make sure the mother was able to safely parent the child ie did she have enough clothes and housing and income to raise the infant with out neglect? It was never meant to harass a mother into adoption for the infant.

The adoption system in Queensland as with other states meant that mothers had no birth certificate to prove they had indeed had a child. The consent taker did not give a copy of the signed consent paper so there was no paper evidence of the birth.

However in 1990 the laws changed in Queensland to allow freedom of information to reflect the laws in NSW where mother and adoptees could obtain information regardless of any objections

This amendment to the Adoption of Children Act which allowed access to information after wide public and stakeholder consultation was introduced into Parliament and passed and was to come into practice early in 1991.

Over the 1990 Christmas break a group of adoptive parents, known as the Adoption Privacy Protection Group, lobbied their M P's to have a further amendment introduced in the first sitting of the new Parliament in February 1991 to allow either party to an adoption to place an objection to information release.

This held up the timing of the access to information until June 1991. This caused much distress to adoptees and mothers as they had waited so long for their information.

This lobby group was primarily made up of adopters who had not told their children of their adoptive status, or said publicly that they were promised that their adoptees mothers would never know the identity of their child.

They spread rumours about the ramifications of openness in adoption such as that the contact would cause marriage breakdowns and that some reunited people would be sexually attracted to each other. This was disseminated through the Courier Mail letters to the editor and on their own website.

They also were responsible for giving information to callers to their APPG phone

number on how to place an objection to information release without their adopted child [now adult] ever knowing thus preventing the adopted person from knowing of their adoption and making sure that the natural mother never had their identifying information.

This was totally illegal as the only person able to place these objections was the natural mother and the adopted person.

Origins found out about this when adopted people contacted us saying they wanted to find their mothers and were told by the Department of Child Safety adoption section that they would have to revoke their objection first.

They of course never placed any objection. This happened a number of times and Origins made a complaint to the Minister and was referred to the Ombudsman for Queensland for investigation. He found the complaint was justified and ordered a complete revisit to the objections numbering some 3,000 but the department only contacted 300 objectors and found 12 fraudulent objections.

A member of Origins phoned the APPG and asked how to prevent her adopted son from ever finding out he was adopted as he was attaining the age of 18 in a few months and she said she didn't want his mother contacting him.

Our caller noted down all the answers provided by Ms (...) (...) that day and we also were sent a handwritten post it note by Ms (...) giving details of how to place a fraudulent objection. ..A copy of this is attachment no 2

Origins Inc reported this to the police and to the relevant Government officers but no action was taken. As a result however the Department stopped taking photo copied forms and requested to speak to the person to explain the ramifications to the other party upon finding an objection and as a result a number of objections were revoked.

Origins lobbied continually for many years for this section to be removed from legislation as it was discriminating against mothers and adoptees and was so much more restrictive than similar legislation in neighbouring N S W where a contact objection only was working well with no prosecutions for any one breaking the law.

When the present Premier [Ms Anna Bligh] was Minister for Families we were told by her that the legislation was coming up for review and we would be able to have a say on this section of the old legislation but when it did come up for review in 2000 under Ms Judy Spence [as minister] it was omitted from any discussion.

After 20 years of lobbying in February 2010 this section of the legislation was changed allowing all people, adopted or natural parent, to have their information. This had affected around 3,000 individuals for nineteen years.

Sadly some will never know as this was the main group of adoptees who took their own lives believing it was a secondary rejection from their mothers. The damage doesn't stop there as on occasion I have visited adoptees in Queensland Prisons to help them with accessing their natural families.

Anecdotal evidence is that the prison system holds a greater percentage of adoptees than is expected given that only around 2% of the population is separated from family by adoption. The crimes they were incarcerated for were mainly related to illegal drug possession and assault while under the influence though there are a small number imprisoned for murder and another still awaiting trial for this crime. The Mental Health wards at Wacol Hospital also holds some adoptees who have had serious issues of grief and loss resulting in depression.

A number of male adoptees I have supported have anger issues and act these out in a violent manner while the girls seem to hold their grief within causing relationship and parenting problems.

At a Conference in Brisbane at Griffith University in the early nineties a Departmental Officer Mr (...) (...) told the assembled delegates that of fifteen families he was counselling in the Wynnum District for dysfunction thirteen were families of all adopted children.

I am not saying all adoptions were in this category as some adopters I have met have loving supportive parents who have gone to great lengths to help their children to assimilate their identity and grief.

For many years we asked the Queensland State Government to provide much needed Post Adoption Support as every other State Government had a funded Post Adoption Resource Centre and as there were approximately 50,000 adoptions in Queensland it was much needed. Small unfunded organisations were carrying the burden for 20 years and didn't have access to paid professional staff.

A lot of needy people fell through the cracks and were further damaged.

With the new 2010 adoption legislation came a fully funded Support Centre run by the Benevolent Society and this has taken a great deal of the pressure off our Organisation. They now provide counselling and travel the state to hold information sessions and are able to work with regional people who can not access

the city for help with reunion and post adoption issues.

Over the years since the early 90's many mothers have looked for reasons they were forced into adopting out their infants and were corresponding with Governments to find answers. One of the questions asked of minister for Health Hon Wendy Edmond in the Queensland Government was "why the mother was not permitted to see or hold or feed her child after the birth and before the consent was taken" and her reply was "It was general practice at the time". This was an admittance of a crime.

See attachment 3.

As mothers came out of the fog and realised they had their infants illegally removed they started to band together and form groups to try and find the answers. They applied for their hospital records and showed them to their own doctors and were told it was unconscionable for any medical practitioner to administer such large doses of unnecessary drugs to healthy young mothers. It became obvious as they all compared hospital notes that this was standard practice in cases of hospital admissions of unmarried mothers to be. They also noted the chart was marked with B F A [baby for adoption] when they had expected to take their infant home. Proof of this was that they had bought a whole layette and cots for their babies and had never discussed adoption with anyone on the staff in their anti natal visits. Many mothers told of the abuse and neglect by hospital staff [funded by the Commonwealth] they received just because they were unmarried.

While this was going on the Directors from Queensland were meeting every year with the directors from all states and New Zealand to report to the Commonwealth on adoptions. *See the Origins main submission for the reports to the Queensland Parliament.*

The Commonwealth therefore KNEW what was happening and did NOTHING.

Mothers and their stolen children are holding the Commonwealth of Australia responsible for these illegal and cruel practises.

Attachment---1

The psychic disequilibrium of adoption: Stories exploring links between adoption and suicidal thoughts and actions

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Abstract

Past literature has identified mental health issues for adopted people. Equally, research reveals that birth parents have ongoing mental health issues related to adoption grief that increases rather than decreases over time. Limited literature explores links between adoption and suicidal thoughts and behaviours. This exploratory study aimed to provide a space for narratives describing perceived links between adoption and suicide to be aired. Narratives from a purposive sample of 20 participants revealed six themes in relation to the study focus: *reality denied, prescribed self, powerlessness, suicidal logic, suicide* and *turning points*. A theoretical discussion is developed in relation to the findings, drawing on Girard's concept of sacrificial violence, Butler's notion of performativity, and Kierkegaard's notion of pathology of spirit.

Keywords *adoption, grief and loss, suicide, suicidal behaviour, identity*

Introduction

No longer can life hurt, reject or disappoint the eager soul, who searching in altered states of mind to find someone to fill his inner void, found no-one home, only the ache of loneliness.

(Extract from *Mother my name is son* – a poem by participant Elsie).

Western adoption in the mid 20th century was an answer to several social problems, although reports of the over-representation of adoptive families in mental health services were known (Benson, Sharma & Roehlkepartain, 1994; Brodzinsky & Schechter, 1990). Adoption became a confidential, irrevocable legal process where ‘unwanted’ babies were placed predominantly with childless couples, and the State was relieved of any burden of care (Burns, Goodnow, Chisholm & Murray, 1979).

Over 200,000 children have been adopted since the first Australian legislation was enacted in 1896 (Marshall & McDonald, 2001). Between 1968 and 1994, 97,167 adoption orders were made. Children aged less than one year adopted by non-relatives represented the majority of all adoptions. From 1972 onwards, a significant reduction in the number of babies available for adoption occurred (Healey, 1999)

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Citation: Gair, S. (2008). The psychic disequilibrium of adoption: Stories exploring links between adoption and suicidal thoughts and actions. *Australian e-Journal for the Advancement of Mental Health*, 7(3), 3). Adoption orders by non-relatives peaked at 24,831 in 1968 in England and Wales (O'Halloran, 2006, p. 40). Seventy six percent were babies aged less than one year. Numbers have declined steadily since that time.

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The social construct of adoption

Adoption has served many emerging social needs, including establishing heirs and kinship, meeting labour needs, and providing a family building pathway for infertile (and fertile) couples. From the 1950s the ‘illegitimacy’ label identified unmarried women as ‘unfit’ (Swain & Howe, 1995, pp. 12-14,) and consequently they faced a traumatising ‘Catch-22’ situation (Harber, 1987, p. 163). They would unselfishly relinquish their child for adoption or be labelled irresponsible by keeping their baby; but a co-existing social code dictated a mother would never abandon her child (Howe et al., 1992). Matthews, (1984, p. 180) and others write that religious and welfare bodies took for granted that the solution to illegitimate babies was adoption by a married (‘fit’) woman, and adoption emerged as a ‘forced’ option (O’Halloran, 2006, p. 28-29). The literature suggests the birth fathers were disregarded and blamed for corrupting innocent girls (Witney 2004).

Adoptive parents raised the child ‘as if... born to’ them (Boss & Edwards, 1992, p. 26). The family was complete by naming the adoptive parents on birth certificates. It has been reported that many adoptees experienced positive family relationships; however, severe emotional experiences also have been reported (Benson et al., 1994; Triseliotis, Feast & Kyle, 2005). By the 1980s, most western societies were ‘in the process of re-adjusting their use of adoption’ (O’Halloran, 2006, p.10).

Grief and loss in adoption

Loss features significantly in the adoption literature. For example, Wells (1993), Logan (1996) and others found a high incidence of grief experienced by birth mothers that *increased* over time (Inglis, 1984; Shawyer, 1979). For adopted people, the grief and anxiety associated with not knowing who they are has been discussed by Triseliotis (1973, p. 18) as ‘genealogical bewilderment’. This concept encapsulates the missing information concerning the child’s origins and absent parents. Similarly, unacknowledged grief is a theme running through some adoptive parents’ stories (Marshall & McDonald, 2001). Types of loss include loss of a child and loss of the right to nurture that child (birth parents), loss of identity, the loss of both birth parents,

and for some, a loss of culture (adoptees), and loss of fertility and their own imagined child (adoptive parents) (Winkler & Van Keppel, 1984).

Suicide in brief

Suicide and suicidal behaviour have been topics of much discussion in recent decades. Young males and the elderly are at increased risk in western societies. Consistently, across continents, males are more likely to complete suicide and females are more likely to attempt. Repeated attempts are a predictor of suicide ideation and future attempts (Baume, McTaggart & Cantor, 1998; Colluci & Martin, 2007).

Theories that help to explain suicidal behaviour are predominantly biological and medical (Taylor, 1982), but there are also psycho-social ones such as Durkheim's theory (1897/1951) on the strength of an individual's ties to the society. Risk factors include cultural background, age, gender, lack of social supports, substance abuse, a previous attempt, impulsivity, depression, exposure to suicide, and lack of family closeness. Further factors include loss of significant relationships, loss of a loved one, loss of identity and culture, and hopelessness (Colluci & Martin, 2007; Martin, Clark, Beckinsale et al., 1997). Cox, Enns and Clara (2004) suggest that the presence of very low self-esteem facilitates a perception that the existing self is failing to perform to expectation, and its destruction becomes a viable option.

Adoption and suicide

Literature linking suicide and adoption is less common. Lee (1992, p. 21) writes that 'many women... grievously wounded by adoption [were] driven to such despair that some have contemplated suicide'. Benson et al. (1994) identify that some adopted teenagers may have increased risk of attempted and completed suicide, and Murdock (1996) reveals her relinquished son's suicide. While Hjern, Vinnerljung and Lindblad (2004) found that inter-country adoptees were more likely than other Swedish children to die from suicide, Feigelman (2001, 2005) found comparable levels of suicidality between adoptees and other adolescents. Psychological problems were evident if adoptees were co-residing with biological offspring, and adoptees were more likely to use counselling services (Feigelman (2001, 2005). Harris (2006) revealed suicidality in depressed trans-racially adopted people.

The current study

In the past, small, qualitative studies have made significant contributions to the adoption literature (Hoopes, 1990; Schechter, 1960). However, as noted by Webb, (2005, p. 2) the first thing that struck him about suicide studies was 'the subjective lived experience of suicidality was largely missing from the literature'.

The primary aim of the small, exploratory study described here was to provide a space for narratives linking adoption and suicide to be aired. According to Stanley (2007) counter narratives can provide an opportunity for marginalised experiences to contribute to theorising about social processes or events.

The majority of narratives presented here relate to adoptions between the 1950s and 1980s in Australia. A minority of participants spoke of adoptions in Britain during that time. In this article, emerging themes are identified and considered in relation to previous literature. This is followed by an overarching theoretical discussion offering further meaning to the findings, drawing on Girard's (1997) concept of 'sacrificial violence', Butler's (1990) notion of 'performativity', and Kierkegaard's (1849/1980) notion of 'pathology of spirit'.

Methodology

Participants were recruited through personal networks, newsletters and the use of snowball sampling. An information sheet invited narratives from adult adoptees or family members who believed that links between adoption and suicide existed. The sample of 20 participants consisted of adopted people (6 females and 2 males), birth mothers (10), one birth father and one adoptive mother. Participants' narratives were secured through in-depth interviews or submission of a written narrative informed by the interview schedule. Conversational style, semi-structured interviews proceeded with 14 participants (Minichiello, Aroni, Timewell & Alexander, 1998; Mishler, 1986). Interviews were conducted in 2005-2006 in Melbourne, Sydney, Brisbane, Cairns and Townsville. Six personal accounts were forwarded to the author.

Open questions invited participants to discuss family links to adoption; the birth and the birth family and/or the adoption process and the adoptive family; how adoption featured in family stories; experiences of grief and loss; stories or experiences of suicide or attempted suicide; and any perceived factors linking the topics of adoption and suicide. A thematic analysis, informed by grounded theory (Strauss & Corbin, 1990) aimed to identify themes present within the data. Stories were read and re-read and differences and similarities across transcripts were noted. Recurring themes received working codes as the analysis proceeded back and forth until a convincing 'best fit' existed between the data and the emerging themes (Alston & Bowles, 1998, p. 198). To achieve the aim of providing a space for narratives, some longer quotes were deemed necessary.

Regarding limitations of the study, the small sample and the non-random, purposive sampling process, seeking participants who believed links between suicide and adoption existed, limit the generalisability of the findings.

Findings

The six emergent themes are *reality denied*, *prescribed self*, *powerlessness*, *suicidal logic*, *suicide*, and *turning points*. While differences across narratives of birth parents and adopted people are evident, some similarity of experiences is revealed.

Reality denied: 'He's not yours'

For birth parents in this study an incontestable denial of their parental reality challenged their mental health and contributed to unresolved grief, a reduced sense of worth, feelings of a stigmatised self, and a sense of the expendability of that self.

Joy was distressed over the dismissal of her rights as a birth mother:

I wanted to see my baby and they said you can't... you've given him up for adoption... he's going to a better home... and he's going to two parents who love him... and I said 'I love him too', and they said 'well you can't have him, he's not yours'... I said 'I'm not leaving 'till I see my baby'... and they wheeled the baby to the window and I just stood there... The next morning... my boobs had swollen up... I was in agony... they said 'oh we do this to make you suffer so you know what you've done – giving your baby away'. By that stage I was a total mess... James (boyfriend)... said 'let's get married'... and I said 'I have to get my baby back... I rang the hospital... and they said 'your baby has been adopted'... and I said 'that can't be right' and they said 'you have no rights'... and I lost the plot.

For Gary, a birth father, it was when relationships were not honoured:

I had the experience of witnessing the birth and taking part in it... that's very powerful... it's physical, emotional, spiritual, mental... you can't experience that and

then just let go... They said 'get on with your life' and I'm thinking I've got a life and this is an essential part of my life, if I forget this I will die. Just not knowing, utter powerlessness, treated with derision if you are trying to do something about that powerlessness... 'Get on with your life' [is] seen as a virtue and if you ask questions it's a sign that you're somehow not able to follow through with your decision. You're a nobody, you're a nothing, you should... forget about it.

For Robyn, the denial of her rights as birth mother was overwhelming:

I had no intention of giving my baby up for adoption but I hadn't realised there was a whole adoption industry. The obstetrician sent me to a psychiatrist. He prescribed anti-depressants... I remember I was in a ward with three other mothers and their babies were brought in but they didn't bring mine. I went to the nursery and found my baby with a sign 'baby for adoption'... they said I was very depressed... I suppose I felt guilty for what I'd done, had an affair, got pregnant, and that's another thing, the birth certificate has all the details, except the adoptive mother's name is inserted as if she gave birth, it's a legal fiction... I've been superseded, I've been written out. I no longer exist.

Liz explained her view of the denied reality of her as birth mother:

... the spiritual reality is he will always be my son. I will always be his mother. We will always have kinship ties... I know that now... At the time I believed that the severing was going to be irrevocable... for people to act as if they don't exist, that is what inflicts the greatest suffering. If they are respected as being truths... then it's liveable to do that... if you completely disregard those kinship and spiritual connections then you make it unnecessarily damaging and violating... my experience of that intensity was like an impersonal evil so great it's capable of extinguishing your life.

Rich (1986, p. 199) writes that 'when those who have power to name and to socially construct reality choose not to see you or hear you... there is a moment of psychic disequilibrium, as if you looked into a mirror and saw nothing' (Rich, 1986). Aldridge (1998) argues that viewing problems as inextricably linked to the self can facilitate isolation, despair and hopelessness that may not easily be repaired and may lead to suicidal behaviour.

Prescribed (acceptable) self: 'I was never allowed to talk about it'

Related to the above theme, a number of birth parents and adopted people recognised the invisibility of their adoption experience within their ongoing daily social lives as linked to an unacceptable self. Meggitt (1992) writes that the separation of mother and child changes both irreversibly, resulting in a gap in their interior sense of self that remains unhealed and unarticulated. She further argues there is an ongoing collusion and deception required of birth mothers and adopted people.

Joy, a birth mother, said:

Over the last 30 years I've been living a life like a clown, behind a mask. Behind the happy front... is always a sad and lonely person... and that's how I've dealt with things because I was never allowed to talk about it.

Mandy speaks of being the adopted child whose needs were subsumed as she played the role of adoptee:

We were never allowed to talk about it, how we felt about not looking or acting the same. It was only ever brought up that our mothers were sluts... never seen that we were something that gave pleasure to their [adoptive parents'] lives... we owed them for taking us. It's selfish, it's about them. My role was to give, never to get. I was expected to be something that fulfilled their needs... I don't believe I gave what they

wanted, I wasn't tall enough, pretty enough, smart enough. Not measuring up to... their expectations. I was a failure... it was the rejection... I was sexually abused at 7... I was 14 [when I] wrote my first poem on suicide... [When] I got up the courage to ask her [birth mother]... to meet him [birth father]... she said 'oh I haven't had time'... She promised she would contact him... When I... saw my brothers for the first time I actually told them... what sort of life I had... and they said 'don't tell Mum'. I don't think it was ever once about me, what choices I might like to have.

Kay, an adoptee speaks of advice received to maintain a publicly acceptable self:

My husband says don't say I was divorced or adopted – that's the two-heads stuff.

Verrier (1991, p. 10) explains that adoptees become 'people pleasers' because of a fear, connected to rejection and self-worth, of the unacceptable baby re-emerging. Similarly, Marshall and McDonald (2001, p. 221) document the 'role playing' required in an adoptee's relationship with his adoptive mother. Several quotes above appear reminiscent of these concepts and of the words of Dessaix (1994), who admits to a self-perception that troubled him all his life – himself as ugly. He describes coming to terms with adoption as mainly a psychic feeling related to finding an acceptable place in the world. Regarding the birth mother, Meggitt (1992, p. 50) writes that she is required to live as a woman who is not the mother of the relinquished child and 'to live this is to experience a denial of an essential part of one's self'.

Powerlessness: 'We need more control over our lives'

Some participants above alluded to situations of powerlessness over past processes. Powerlessness is further illustrated below, illuminating self-harm, suicide ideation and the notion of one set of rights to a authentic identity pitted against the rights and needs of others.

Jill explains:

My [adoptive] father and I do have a father/daughter bond but biologically I feel as if I don't have an identity. There has been contact with my birth mother ... she won't say... about the natural father... it makes me very angry. I just want answers. It's like there is another part of you that you need to know... who I look like, features, nose... You get very low. You feel like harming yourself... powerless and helpless... your biological mother treats you like a child not an adult... we need more control over our lives.

Joy, a birth mother, blames herself for her lack of power:

One never gets over this cruelty and the lies. I am still very insecure. I blame myself relentlessly for not being more in control.

For Peter, an adoptee, a lack of information about his identity was destabilising:

I felt isolated, not knowing who you are – I was depressed.

Similarly this birth father states:

I think the whole thing somehow comes from treating children like possessions... A logical consequence of that collusion is a complete denial of the humanity of the child... Maybe all of the characters are expendable... The adoptive parents... want to plead 'this is our child now', especially if there has been issues of infertility... Children are a lot better when they've got a sense of who they are... the truth is what always sets us free... Not knowing – that is what often leads to the link with suicide or mental health issues ... that's what sets it up so that suicide looks good.

Suicidal logic: 'that traced back to adoption'

For the three adoptees below, despair, depression, suicide attempts and suicidal

thoughts are evident.

Anna admitted:

I have been treated for depression, I have been close to suicide – I can't say if I can connect it to adoption... yes I can... because it is connected to being a second class citizen, not the same as others. The only reason I did not kill myself was because I was going to take pills – no-one needed me, no-one wanted me – but the pills were out of date. I couldn't be sure they'd do it – I think secret adoptions are evil... you are borrowing an identity...

For Scott, connecting issues back to adoption made sense:

I probably hadn't understood until recent times that I was dealing with issues... that traced back to adoption – dealing with the core issues of my life and it was intrinsically linked with being adopted... to the point where I had professional counselling, I encountered depression, where I had suicidal thoughts, I never tried to take my life but some days were so dark... dealing with things like rejection, my self-image... it was like this big black dog inside trying to take dominance... it all fell apart and that's when the depression and anxiousness really kicked in. I really embrace so much more now because I know what sorrow and just utter despair feels like.

Below, Lindy describes her thinking about suicide as gaining power:

Adoption is shame-based – suicide is shame-based – difficult topics on their own but a double whammy together. I think there is a profound link. As an adopted person society judged me from birth, made decisions for me, withheld information from me and topped it off with the 'you should be grateful' to ensure silence, compliance... Such a logical resting place for an adopted child – suicide – I mean it's a logical decision, it's a decision somebody makes about themselves, a decision nobody else is going to make – like gaining power. At the time you feel so sub-human that it seems like a freshly-made bed, so comfortable to get into, it's just very rational. I feel often like it is the answer. I think suicide, as far as the adopted child, is not about a cry for help, no, no, no, we wanted help when we were babies.

Equally, these birth mothers identified their ongoing grief and suicidal actions as being associated with adoption:

I lost a daughter to adoption. I kept her for about three weeks, breast fed her, but was always reminded of my inadequacy, especially my poverty and unmarried status... If I really loved her I would give her up... I thought of suicide often... I just wanted the pain to end... Help was difficult to find. (Betty)

Tammie identified adoption as the source of her suicidal actions:

[I] had a child removed for adoption [years previously]... recently made two suicide attempts... even now close family fail to see the problem is adoption... [I] see it as nothing except adoption.

This birth mother explained how hearing babies crying after the adoption of her son became a lifelong trigger for depression and suicidal behaviour:

... after the birth of my son... I went nursing. My room was overlooking the Children's Ward... I used to lie awake hearing the children cry. I took an overdose... hearing the children cry... I remember cutting my wrists and I had to get stitches... I was having Shock Treatment... I know it's distressing for people left behind but people who attempt really have a strong reason... it's not an easy decision to make... I had poor self-esteem. It [adoption] was one big secret... It took a long time to get over... who knows, I might have had suicidal tendencies without that... but I really think if it had

been handled differently... been a hard journey but... it makes you who you are... my son has come out the other end as well.

For this birth mother changed circumstances brought renewed, deep pain:

It was 18 years ago in Britain. The decision to relinquish him was based around the conviction that I had a vocation to religious life... [we] were very involved in choosing his adoptive parents... we wanted... an ongoing, but not intrusive relationship... his adoptive parents were very receptive to that... The crunch came for me when I left that vocation... It was obvious... that I was declining in all kinds of way... it was like I couldn't broach the possibility of leaving because that would mean in my mind I relinquished him for nothing... In the preceding six months the photos had stopped coming... there was a new director who'd decided that our agreement with our son's adoptive parents was outside the bounds of their practice... that ongoing relationship... it was... not honoured... I did become quite suicidal... felt completely overwhelmed with rage... driving... going much too fast... all I had to do was 'go like that' with the steering wheel... a truck going past, then thinking 'there's a lamp post'. It was quite shocking because... I know I was within a hair's breath of ending my life... so disempowered and dispensable.

Triseliotis et al. (2005) report, and the above comments mirror their findings, that birth mothers linked their psychiatric problems, depression and 'attempted suicide' to parting with their baby, while Benson et al. (1994) identify increased risk of attempted and completed suicide for adoptees.

Suicide

Triseliotis et al. (2005) report severe emotional problems in 14 percent of adopted people, with significant feelings of rejection and loss, a low sense of belonging and bereavement over the break up of new relationships contributing to an increased sense of loss. The following lengthy quotes attest to deep grief, loss and trauma linked to adoption experiences and relationships.

Rejection, loss and a lack of fit are features in adoptive mother Elsie's story:

Malcolm was very different, not easy to manage, looking back I think there was a lot of fear in him, there was something about him that just didn't fit... He'd been on heroin for a while... He fell in love with a girl who finally said she didn't want him around anymore and that was the rejection, that's when he wrote a suicide note, went a bit berserk, smashed all the windows in the car, it was as if he was off his rocker... He said 'I've got a gun, I'm going to kill myself'. I said 'for God's sake Malcolm, cut that out!' I said 'oh well if you are going to keep on like this, why don't you pull the trigger and put us all out of our misery?' and he went out on to the verandah and pulled the trigger.

Robyn, who speaks of an accumulative vulnerability her son suffered, also describes tragic circumstances:

Late in 1992... a mediator... sent a letter. We met. It was a strange meeting... I took his photo in the backyard. I rang him a week later to say something about his father... I'd told him I go to a pub down the road on Saturdays and at the end of January he turned up. He said he had been to [home] for Christmas... I said I hope I see you again... I sent a birthday card in August. It was returned with a note from the flatmate saying he was killed by a train... the police concluded it was suicide... he was infatuated with a girl but she didn't return the feeling... All his belongings were packed up... he'd sold his guitar... I think the trauma of being separated from the mother, then a foster mother, then an adoptive mother, that was the beginning... Adoptive families may have a lot of problems other families don't have... makes them

[children] more vulnerable... Nobody will admit that adoption was the problem.

Turning points: ‘It saved my life’

Adopted people and birth parents identified turning points where changed circumstances heralded some healing. Scott, an adoptee says:

I had to go on anti-depressants. It saved my life. I’m really starting to come out the other side where I feel like what hasn’t broken me has made me stronger, but it’s been a long journey... I didn’t understand that you don’t go to someone to validate who you are – you’ve got to go within. And you look in the glass and you see not just your face, and you ask yourself the hard questions like ‘what do I really think – why do I struggle with these things?’... sometimes it’s shame, sometimes it’s about fear... never about looking for another mum and dad – I was looking for my identity. It was the missing piece of the puzzle for me... when [birth mother] found me at the end of ’98.

Kay, another adoptee, also identifies a ‘life saving’ case of mistaken identity when meeting a relative:

I did not feel like a whole person. I found out there was an objection to contact. I thought ‘okay I’ll respect her [birth mothers] wishes but there should be a distant cousin or someone I’m related to’. I found them [my grandparents]... they said ‘oh come on down’... Saved my life, absolutely these people saved my life. They said... you must see Auntie... in the hospital. She was in her eighties. I walked in and she said ‘hello Belinda’. I looked so much like my cousin that she had [mistakenly] thought she was getting a visit from my cousin. I’ve never forgotten that feeling – saved my life – that I looked like somebody.

This birth mother, Liz, identifies the point of renewed hope and power:

... we didn’t give up... for ten years just lived in limbo... what happened [was] I went to this psychiatrist... she said what would stop you searching... I cried all the way home... got on the internet and searched for hours... and eventually I found a match... Once I started doing that I felt I was starting to take some power back...

For Mandy and Elsie, writing poetry and speaking out about their experiences has contributed to healing, Scott’s immersion in writing and listening to music proved meaningful and therapeutic, and Gary found solace and growth in deep reflection.

Discussion

The above narratives describe devastating experiences linking suicidal thoughts and ideation to adoption. Rejection, feelings of being disposable, grief, loss, and prolonged low self-worth that was linked to suicide ideation and actions are common threads.

Departing from the rich narratives presented above, the following overarching discussion centres on three theories that may offer some insight into these stories. Grotevant and McRoy (1990) comment that with the exception of Kirk (1964), limited theoretical attention has been paid to adoption.

First, the concept of ‘sacrificial violence’, identified by Girard (1977), may be useful in trying to understand links between societal sacrifice, self-esteem, hopelessness, and suicide. In Girardian theory there are several steps to rendering people illegitimate and of no consequence. First, an object of desire exists. Second, this fosters an ‘acquisitive mimesis’ where a human seeks acquisition of that object. Third, a scapegoat or victim is identified, who is ‘vulnerable and close at hand’, such as those causing social disorder (Girard, 1977, p. 2, 1986; Townsley, 2003). An element of atonement may exist after the actual or symbolic destruction of the scapegoat. Applying Girardian theory to post war adoption ideology, it could be suggested that once babies were in

high demand, single mothers became scapegoats and their babies became the sacrifice for atonement. Some redemption was promised to single mothers if, without protest, they made the ultimate sacrifice. Such a scenario might trigger a disempowering and even soul eroding sense of hopelessness for birth parents and adopted people who may carry the burden of being unacceptable, expendable and sacrificed. These notions are evident in the abovenamed themes *reality denied*, *powerlessness*, and *suicidal logic*.

A second theory that may provide insight is Butler's (1990) notion of 'performativity', as discussed by Jaworski (2003). Jaworski explains that performativity is a practice being continually remade through repetition by which 'discourse produces the effect that it names' (Jaworski, 2003, p. 140), and where 'performativity' can undermine the correspondence between the interior and exterior of the body but where there may be no choice or intent because it has a historical or ritualised existence in the society. That is, performers unknowingly or powerlessly perpetuate a public, social story through their actions, even to the betrayal of their inner self. The usefulness of Butler's notion, according to Jaworski (2003, pp. 140-141), lies in its ability to offer conceptual space to dismantle discourses that were manufactured to appear as natural forms of practice, and therefore help repair the self. In reading adoption through the lens of Butler's notion, birth mothers and adopted people (aware of their adoption) contribute to and enact within their everyday lives the notion of 'the child born to' the adoptive parents. Some examples of this betrayal of self may include the adoptee's daily use of the name given to them by their (adoptive) parents, the adoptee's daily claiming of familial relationships (this is my sister, father, grandmother, etc.), the naming of the adoptive mother on the birth certificate as the mother, and the use of the birth certificate as identification and record of birth. Equally, the birth mother speaks only of subsequent children because she has been silenced as mother of her relinquished child and no longer has a legitimacy to speak her reality (Meggitt, 1992). Such required performativity is evident in themes above including *reality denied*, *prescribed self*, *powerlessness* and *suicidal logic*.

A third theory is Kierkegaard's 'pathology of spirit' due to misrelation that manifests when there is a failure to achieve a sense of identity that has authenticity (Kierkegaard 1849/1980, 1845/1988; Miller, 2003, p. 220). Kierkegaard argues that the self does not exist independently of the life it lives, and that to 'belong' is for the self to live with transparency in correct relation to the world in which it dwells. Kierkegaard goes further to state that such despair is not merely a feeling of hopelessness but an ontological condition where there can be unconscious despair (the lack of awareness of the misrelation) but also conscious despair, and awakening to the misrelation with accompanying opportunities to correct it. Despair, pathology of spirit, and failure to achieve a desired true self and identity all are evident in the themes *prescribed self*, *powerlessness*, *suicidal logic* and *suicide*. Action taken to repair and reconcile an inner and public self is evident in the theme *turning points*.

In summary, drawing on the above theories, it could be suggested that in the mid 20th century in Australia and Britain adoption was constructed in a way that may have sacrificed some mothers and their babies for a perceived greater good (Rachels, 2003), and co-opted players to perform a lifelong role in maintaining the acceptable adoption story. This performance may have provoked, in this sample, despair and felt misrelation in a true sense of both their ontological self and correct biological relationships, resulting in mental ill-health. These theories suggest that a healing way forward may be found for these participants and perhaps others with similar experiences, through advancing personal agency, revealing the denied reality, claiming power, recognising the disconnectedness for the self of the prescribed 'performativity' and reconciling the self through the honouring of respectful, transparent correct

relations.

Conclusion

Limited literature explores adoption as linked to suicidal thoughts or behaviours. Equally, theoretical contributions to adoption discourse are uncommon. This small study revealed stories of depression, suicide attempts and completed suicides. Commonalities across narratives of both birth parents and adoptees included powerlessness, feelings of rejection, hopelessness, and being required to silently carry the burden of past processes. In particular, grief, loss and low self-worth featured in many stories. While some literature reports the success of adoption, these counter narratives give voice to different stories. Theorising about past adoption practice, in order to illuminate damaged and disconnected lives and to support healing and the securing and maintaining of an authentic identity, has significant relevance for clinical practice and future adoption legislation and policies.

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Attachment 2

confidential image

Confidential image

(b) the potential role of the Commonwealth in developing a national framework to assist states and territories to address the consequences for the mothers, their families and children who were subject to forced adoption policies

In conclusion
Origins Queensland recommends:

- (1) A full and proper investigation into the veracity of past and present contact and objection forms
- (2) A full disclosure to persons who have lodged current objections to contact of past adoption crimes and the harm of recipients of objections to information

See Origins Primary Submission for further recommendations

We would ask for reality based counselling for mothers and adopted persons funded by the Commonwealth and for funding for further research into adoption and family separation.