The perspectives and experiences of birth fathers of children adopted from care in relation to their children's adoption

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Abstract

Birth fathers of adopted children have received comparatively little attention from researchers and are poorly provided with services tailored to their needs. The current generation of birthfathers is considerably more vulnerable than their predecessors. In contrast to previous practice in which children were relinquished for adoption, current birth fathers' children have usually been removed by court order and compulsorily adopted. Birth fathers can have an important role to play in helping their adopted children to understand their birth heritage and their present identity. This thesis, therefore, attempts to understand the experiences of birth fathers both as they affect their children and relate to the fathers' own future lives.

The thesis presents a grounded theory study of 20 birth fathers of children adopted from public care within the last 10 to 15 years. The sample group were either resident in the household at the time of the adoption crisis or had left the household but were still in touch. The study explores their feelings and perceptions regarding their adopted children, the impact of the adoption, their relationships and their expectations for the future role that they may fulfill in their children's lives.

The findings of the study are that most fathers felt humiliated by the interventions and court procedures usually accompanying the adoption crisis. The alternative ways in which birth fathers managed the consequent social emotions of shame and guilt appeared to determine outcomes for the men and for their future relationships with their children. Fathers who were guilt prone were more able to act generatively towards their children and bear the child's loss. Shame prone fathers distanced themselves from their children and remained demoralised or chronically angry. The thesis presents a theory of birthfather experiences and feelings and a typology of birth fathers intended to guide future practice and research.

Acknowledgements

Contents

List of tables

List of figures

List of appendices

Introduction

Birth fathers[1] of children adopted from care form a neglected group of men who have significance in their own right and because of their meaning for their children who have been adopted. This thesis sets out to elucidate their thoughts and feelings and the ways in which they interact with partners, courts and social workers and others around the issue of their child's adoption.

The nature of contemporary birth fathers

Over the decades since the first major legislation in England and Wales regarding adoption in 1926, the social purposes of adoption have changed (see Chapter 1). In post World War II society until about the early 1970s adoption was regarded primarily as a remedy for illegitimacy and a way of providing a family for childless married couples. Birth mothers experienced intense social pressure to "relinquish"[2] their babies for adoption and birth fathers were regarded as irresponsible individuals who should play no part in their child's future. Indeed, they were seen as largely irrelevant (Keating, 2009, O'Halloran, 2006).

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[1] "Birth father" is used throughout this thesis as the most common term in current use in social care and in parents' organisations to denote a man who is the biological father of a child. It is often used in the context of children in public care or who are adopted. Birth fathers may or may not have legal parental responsibility for their child although if their child is adopted they will have lost that status. They may or may not be married to the child's "birth mother" or be living with her. They may or may not have previously looked after their child or have continued contact with their child. The term implies that they are not their child's current carer. A distinction is made between birth fathers and "social fathers" who look after children without necessarily being related to them and with "adoptive fathers" who care for and have parental responsibility for children to whom they are usually biologically unrelated.

[2] In England and Wales, under the Adoption and Children Act 2002, a child cannot usually be adopted without the consent of their legal parents. Parents may request an approved adoption agency to place their child for adoption, consenting to the making of an adoption order, which will permanently remove their legal rights and responsibilities for the child. In doing so, they are said to "relinquish" their child for adoption implying that they are freely and voluntarily handing over all rights and responsibilities for the child. Relinquishment is often contrasted with "compulsory" adoption where, often because of concerns for the safety and welfare of a child, a court may set aside parental opposition to adoption and make an adoption order against parents' wishes. In practice, although relinquishing parents have had the legal power to prevent adoption, they have frequently reported that they felt constrained to seek their child's adoption for compelling social reasons (see Chapter 3, Section 1).

In the decades since, during which "relinquished" adoptions have declined, legally compulsory adoption from care has been deployed as a way to provide a permanent family for children whose parents cannot look after them safely. Unlike previous birth fathers, contemporary birth fathers are seen as incapable parents, whom courts have deemed unfit to look after their children. They are likely to have a range of personal and social issues making them far more socially marginal and vulnerable than their predecessors (Masson et al., 2008). Contemporary fathers of children receiving child protection services (including birth fathers of children adopted from care) were found to be frequently involved in domestic violence and to have high levels of unemployment and mental health problems (DOH, 1995a, Ryan, 2000). These fathers are perceived as "both troubled and troublesome" (Featherstone, 2004 p317); when present, damaging to their children, abusive to their partners and threatening to professionals (Scourfield, 2003); when absent or intermittently present, shadowy figures who may leave their partners to take responsibility when there are child protection investigations. Perhaps understandably, many social workers hold a deficit view of marginal fathers concentrating their efforts on the mother-child dyad and ignoring male carers. In Clapton's (2009 p19) words, fathers in families receiving social care services are often either "demonised" or "de-materialised".

Why it is important to understand and engage contemporary birth fathers

Since contemporary birth fathers are often difficult to engage, may have maltreated their child and may have significant personal and social problems, the question arises as to why it is important to try to engage them beyond what is strictly necessary. There are several reasons.

Firstly, these birth fathers are a potential resource for their children. Although many birth fathers of children placed for adoption from care have played a negative role in their child's history, this is not true of all birth fathers and neglects the contributions that they may be able to make to their children's future welfare, particularly in relation to their need to understand their twin

identity as a person with a birth heritage and an adopted person. I will review in Chapters 2 and 3 the evidence that birth parents and their children both benefit when birth fathers are encouraged to fulfil a continuing role in relation to their child.

Secondly, there is a legal duty for local authorities under the Adoption and Children Act 2002[3] to provide birth fathers with adoption support services in their own right. Aside from their legal eligibility is a moral argument. Birth fathers are amongst the most disempowered service users. They are poorly provided with services that meet their needs (see Chapter 2). Their experiences and needs are barely understood. They are, therefore, owed "an extra duty of care to ensure that their best interests are promoted and protected so far as possible" (Ryburn, 1998 p5).

Thirdly, these birth fathers are likely to have further children. If services fail to address their needs there is a possible risk that these children too will face removal from their families.

My journey towards birth fathers

The principal stimulus to my interest in birth fathers has been my evolving experience of adoption as a social worker, social work manager and children's guardian during 37 years in practice. The following three vignettes from my life in social work illustrate my personal journey in relation to birth fathers, and also epitomise practice development over these years.

Adoption as a remedy for illegitimacy: an absent birth father

I first placed a child for adoption in 1971 when working as a trainee social worker for a rural authority. I assessed adoptive parents for the baby: a childless middle class couple. I visited the birth mother, a young woman whose life was on hold because of her unwanted pregnancy. The possibility of her keeping her baby was hardly considered. There was an unspoken understanding that she must

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[3] The Adoption Support Services Regulations 2005, Regulation 4. This and all future references to legislation refer to England and Wales only.

"relinquish" her child in order resume her place in the community after her unfortunate lapse. The baby's father's identity was not thought important for his child's future and was not recorded in the papers. It seemed irrelevant (and humiliating) to question her on the matter. He was not seen as a person who would have, or deserved to have, thoughts and feelings of his own. I was unable at the time to see behind the slick surface of this transaction to the invisible societal assumptions driving the process, the hidden feelings of birth mother, birth father and adopters, and the future identity issues for the child.

Adoption as alternative permanence: birth fathers as threat or ambiguous presence

By the 1980's, social workers were conscious of the need for deliberate planning for "children who wait" in the care system with no settled plan for their futures (Rowe and Lambert, 1973). Adoption (usually compulsory) was seen as a route of choice for providing a permanent family for children who could not be safe at home.

As a children's team leader, I would often meet with social workers and birth parents to discuss concerns about their care of the child. In many cases, the meeting was with the child's mother but not the father. The father was "at work" or the father was "unknown"; or he was known but living elsewhere and no longer involved- the couple's relationship was "over". Sometimes he was said to be with a new partner and had other children. The mother may have alleged that he had been violent to her, that he used drugs or was a problem drinker, had harmed the children or that he no longer supported them financially and no longer visited or cared about the child. These 'missing father' accounts were often taken at face value rather than as a starting point for involving the father. In retrospect, it is clear that many fathers who were supposedly uninvolved continued to take a significant part in their children's lives in a variety of ways.

In a minority of cases where fathers attended child protection conferences, worries were sometimes expressed about the father being intimidating. Occasionally, fathers would reciprocate to social work intervention in their

family with an eruption of anger. I, like most social workers working in the area of child protection, have vivid memories of a few occasions where I or my colleagues were intimidated, threatened or even assaulted. Although most fathers were not threatening, these incidents influenced our feelings about engaging fathers. And yet, certain social workers whom I admired had an ability to move beyond fear and the exercise of power to be able to talk on more equal terms with fathers and develop a rapport based upon an ability to seek to understand the fathers in their own terms. It appears to me regrettable now that, for the most part, practice was based on a deficit view of men in families, fear and organisational expediency with little systematic attention to creative ways of engaging fathers.

Birth fathers emerging from the margins

In the third stage of my career as a children's Guardian and later as a professional adviser to an adoption panel, I could focus more readily on the fairness and openness of childcare decision processes. Practice had moved on significantly. Working in partnership with parents and the importance for children in care of understanding their identity were stressed. There was greater awareness of gender equality issues. All this contributed to a change of atmosphere in relation to birth parents. At my instigation, birth parents were invited to attend adoption panels considering whether their child should be adopted. My role was to assist birth fathers to express their thoughts and feelings about the proposed adoption. I had the opportunity to listen to them in a new way.

One father's visit to the panel was memorable. He had not been living in the household where his child was at risk, later discovering that his child was in care proceedings. He had started a new relationship and his partner was pregnant. The couple could not live together because of inadequate housing. He agreed that his child was unsafe with her mother but was agonised by the prospect of her being adopted. He wanted to care for his daughter but to do so would have put at risk the survival of his new family before it had even properly formed. After the adoption was endorsed, there followed a long delay in placing his

daughter with adopters because of the child's special needs. He worried incessantly about his daughter's drift in care and considered challenging the court's decision, making life difficult for the child's social worker and the adoption team. When his daughter was eventually placed, perhaps because of his challenging manner and the fact that he had never looked after his child, he was not given face-to-face contact. During the care proceedings he had no independent adoption support.

In some ways this father was no paragon of fatherhood. He had left his child with the mother although she was not looking after the child safely. He had not supported his child financially. On forming another relationship he had not made sure the family had sufficient accommodation before embarking on a new pregnancy. He had made life difficult for social workers, sometimes unrealistically, not appreciating just how difficult it was to meet his daughter's special needs. And yet, he was a passionate advocate for his child. He did his utmost to find a place for his daughter within his family. He dared to come and express his views in the intimidating environment of an adoption panel. He legitimately challenged professionals' judgement about his child's future. He was a father who challenged the stereotype of uncaring birth fathers.

Social services were partly his ally and partly his adversary. His views about his child were heard to an extent. But he was acutely isolated with his worries about his daughter and had no independent person to share it with. The opportunity to help him find a new role in his child's future life, which may have benefitted his daughter and reassured him about her welfare as he embarked on founding a new family, was largely lost. From this and other encounters, I became aware of the intense crisis, sadness and isolation felt by some birth fathers.

These three vignettes exemplify the movement that has taken place in working with birth fathers over the decades both in practice and in the attitudes of social workers such as myself. I have not relinquished my career-long commitment to putting children's welfare first if there is a conflict of interest between children and parents. However, I have moved to a position of greater openness to the

feelings and views of birth parents and the importance they continue to have for their children.

Secondly, having not had my own children until the age of 49, being a father is not an experience I can take for granted. Being a father has profoundly changed my priorities, the way in which I define my identity and my sense of connection with past and future generations and with my community. Also, I carry a new sense of vulnerability: an awareness that I can be hurt through what happens to my children. Many birth fathers become parents in adverse circumstances yet I imagine that they may have that same sense as I did that becoming a father is life-changing. Being sensitised to these issues has fuelled my curiosity about their experiences and feelings.

Why this study is important now

As I set out in Chapter 3, there is a comparatively small literature regarding birth fathers. There is only one major UK study (Clapton, 2003) but none investigating contemporary UK birth fathers whose children have been adopted from care. Recent birth parent studies provide increasing demographic information about contemporary birth fathers, witnessing to their marginality and vulnerability, but do not explore at any depth the views and feeling of birth fathers about their child's adoption.

In order to provide more sensitive services to birth fathers from first contact until adoption support and maximise the contributions birth fathers can make to their child's welfare, it is important to seek to enter their experience and understand their worldview, putting their feelings and cognitions in the context of where they are situated socially, geographically, emotionally, psychologically, and politically. Only then will we be equipped to bridge the divide and assist them in realising their potential for the benefit of themselves and their children. Hence the need for the current study.

The structure of the thesis

Part 1 consists of the literature review.

Chapter 1 puts birth fathers in the context of the history and evolving purposes of adoption, reviewing changes in law and practice from the beginnings of modern adoption until the present day.

Chapter 2 examines the nature of contemporary birth fathers as a vulnerable group against the background of the rise of compulsory adoption from care and considers issues regarding their involvement as service users of social care.

Chapter 3 summarises three literatures relevant to birth fathers: birth mother research; birth father research and contemporary birth parent studies in the context of compulsory adoption.

Chapter 4 explores the literature regarding specific themes identified in Chapter 3 and likely to be relevant to the current study. These themes are: grief and loss; stigma; the social emotions of guilt and shame; meanings and expectations of fatherhood for birth fathers and masculinities.

Part 2 (Chapter 5) sets out the study's methodology and its rationale. This Chapter is introduced on page 111.

Part 3 (Chapters 6-10) comprises the study's findings. These chapters commence on page 136.

Part 4 (Chapters 11 and 12) comprises a discussion of the findings and the study's conclusions. These chapters are introduced on page 262.

Part 1: Literature review

Chapter 1: The changing nature of adoption and the place of birth fathers

The father [of an illegitimate child] is too uncertain a figure for the law to take any cognisance of him, except that it will make him pay for the child's maintenance, if it can find out who he is. The law recognises no rights in him in regard to the child…
Lord Denning[4] (1955)

Section 1: Adoption in England: 1926-1970

Adoption's changing purposes

In England and Wales, adoption was legalised by the Adoption Act 1926. Since then, from an annual rate of adoptions of around 3000 per annum, adoptions rose to a peak of nearly 24,000 in 1969 (ONS, 2000b) (see Figure 1, Appendix 1). Adoptions numbers dropped dramatically during the 1970s and steadily thereafter to 4387 adoptions in 1998. Approximately 912,000 people have been adopted since 1926.

Adoption has been deployed as an attempted solution to several different problems in the decades since its formal legalisation (Kirk and McDaniel, 1984, Lewis, 2004, Triseliotis, 1995). Initially, adoption was a response to the need to find better care for orphans and "war babies" following the First World War (Howe et al., 1992, Keating, 2009). The position of fathers in this historical situation was polarised according to marital status. Fathers within marriage enjoyed almost exclusive rights to the custody of their children in the event of divorce until the Sex Disqualification (Removal) Act of 1919, remaining in a powerful position into the middle of the 20th Century. However, even mothers of illegitimate children were not automatically accorded parental rights (Hansard, 1949) and fathers of illegitimate children had significantly weaker legal and

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[4] Re M (an infant)- [1955] 2 All ER p912.

moral standing than mothers. Such fathers could theoretically apply to adopt their children under the terms of the Adoption of Children Act (1949)[5] and should have been asked to give consent to their children's adoption. However, other provisions in the Act setting aside the need for parental agreement discriminated against fathers. They were often judged to have abandoned or failed to maintain their child. Many could not be found[6]. An important High Court judgment[7] set a precedent that unless a "putative" father of a child had contributed financially to his child's maintenance, his consent to adoption was not required (Blom-Cooper, 1957). Moreover, the child's mother could withhold the name of the child's father at registration effectively excluding him from adoption decision-making. Details of birth fathers' identities were often missing from adoption records (NAMH, 1960). In any event, illegitimacy was seen as both morally disgraceful and economically burdensome to society, and such fathers lacked social as well as legal legitimacy.

During this post Second World War period, the focus was upon addressing the "social problem" of unmarried mothers and their illegitimate babies whilst providing childless middle class couples a way of founding a family (Triseliotis, 1989 p21, Keating, 2009 p195). Birth fathers were marginal to these concerns. Studies by Pannor et al. (1971), cited in Clapton (1997), and Sachdev (1991) suggest that other parties to adoption (adoption societies particularly, but also some adopters and birth mothers) had negative stereotypes about birth fathers and excluded them from adoption planning.

Alternating practices regarding secrecy and openness in adoption

The extent to which members of the adopted child's kinship network[8] should

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[5] Section 2(c).

[6] Section 3(2) Adoption of Children Act (1949). There are no provisions in the Act governing the steps to be taken to find such fathers reflecting the view at the time that this was not important.

[7] Re M (an infant) [1955] 2 QB 489.

[8] The notion of the adopted child's "adoptive kinship network" is posited by Grotevant et al. (1999 p232) as "including the adopted child, siblings, his or her adoptive parents and their extended families, and his or her birthparents and their extended families". They propose that a new form of kinship comes into being as a result of the child's felt

have any contact with each other or have information about other network members has been a problematic issue since the legal inception of adoption (Grotevant, 2000). Carp (2009), reviewing the history of adoption in the United States, England and New Zealand found that, in all three countries before the 1950s, there was a degree of openness regarding the information possessed by adoptees and birth parents about other members of the adoptive kinship network often enabling tracing and contact to take place. In England, the Adoption and Children Act 1926 required birth mothers to know the identity of adopters and be satisfied about their child's future prospects before consenting to adoption.

Later, practice moved in the direction of greater secrecy, driven, Carp suggests, by several factors. An increase in illegitimate births following World War II involved a younger cohort of mothers and babies. New thinking about the importance of attachment lead to pressure for earlier placement. Freudian theorising tended to pathologise birth mothers. Lastly, adoption societies' were concerned that birth mothers would attempt to reclaim their children. Any attempt, therefore, by birth mothers to contact their child was seen as arising from personality problems and was resisted. In the circumstances, the possibility of birth fathers having contact with their adopted children was inconceivable.

Illegitimacy and the doctrine of "equivalence"

The disgrace arising from illegitimacy for the child, the birth mother, and also for adopters was still a potent social consideration. Keating (2009 p201) observed that by the 1930s, unregulated adoption societies were subverting the intention of the 1926 Act to promote openness between birth mothers and adopters in

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connections with both birth and adoptive families. However, this understanding of kinship is in tension with competing understandings of kinship which may be embraced by birth or adoptive family members in which kinship may be thought about as exclusively flowing from consanguity on the one hand or exclusive parental rights brought into being by the making of an adoption order on the other (Modell, 1994 p226). Although the possibility of an enacted kinship which traverses birth and adoptive families exists, in reality the place of birth parents is often tenuous and uncertain (Jones and Hackett, 2011).

order to protect adopters from stigma. Many adopters were glad to concur, whether to protect themselves or their child from public opprobrium (Triseliotis, 1991 p19). Access to birth records and the birth mother's right to "vet" prospective adopters were rescinded in subsequent legislation[9] (Carp, 2009 p30). Adopters were increasingly encouraged to embrace what Kirk (1981) called the doctrine of "equivalence". Adopters were urged to model their family life on that of families with their own birth children (Keating, 2009 p200). This avoided the stigma of illegitimacy and provided a new identity for the child (Kirk and McDaniel, 1984) but excluded the child's birth heritage. Up to the 1960s, women who conceived children "out of wedlock" were treated with moral opprobrium (Bouchier et al., 1991). Birth mothers' emotional connection with their children was not acknowledged. Birth mothers were pressured to relinquish their child for adoption and encouraged to get on with their lives. In this context, birth fathers were virtually powerless in relation to the adoption of their children and continued to play a marginal role.

The 1960s adoption watershed and the decline of "illegitimacy"

By 1970, there had been a decade of swift social change. Sexual relationships outside of marriage became more acceptable, birth control became more reliable and available and abortion became legal (PIU, 2000 p10). Following the growing incidence of divorce and remarriage and the appearance of variants to the traditional family pattern, the doctrine of the equivalence of adoptive families with other families was put in question. Kirk (1981) had been arguing without much initial acceptance for an end to the doctrine of equivalence in adoption. He preferred the notion of "shared fate", encouraging adopters and adoptees to openly acknowledge the differences between adoptive other kinds of families. Changing social mores regarding illegitimacy allowed more birth mothers to consider keeping children rather than relinquishing them. The mother's immediate social context was important in the decision as to whether to relinquish the child or not (Yelloly, 1965, Howe et al., 1992 p17).

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[9] The Adoption and Children Act 1949.

Section 2: Birth fathers and the opportunity for continuing contact in the context of more openness

> *The baby explodes into an unknown world that is only knowable through some kind of story- of course that is how we all live, it's the narrative of our lives, but adoption drops you into the story after it has started. It's like reading a book with the first few pages missing. It's like arriving after curtain up. The feeling that something is missing never leaves you- and it can't, and it shouldn't, because something is missing.*

> *Jeanette Winterson – novelist and adopted person (2011)*

The nature of adoption identity for adopted people and adoptive kinship network members

Adopted people's need for knowledge about their origins

Since 1970 there has been increasing focus on the identity needs of adopted people. This, together with the decline of the confidential model of adoption and an increasing awareness of the perspectives of birth mothers has led to a re-evaluation of the potential for continuing links in the "adoptive kinship network" of which birth fathers are a part. Here, I review the literature on openness in adoption, contact and the search and "reunion"[10] of adopted people and members of their birth families in relation to birth fathers.

In Western societies, blood relationship remains a foundational concept for the recognition of a person's social identity (Grotevant et al. 2000, p381). In Britain, by 1970, adopted people were pressing for more knowledge and openness about their birth origins. A seminal study by Triseliotis (1973) gave impetus to their cause and greatly influenced subsequent practice and legislation. Triseliotis interviewed 70 adopted people who were applying for access to their original birth records in Scotland. Most participants had not been told they were adopted

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[10] "Reunion" is a common term used to describe the coming together of adopted people with birth relatives with whom they have had no face-to-face contact during their childhood. The word "meeting" is more gender inclusive (Clapton, 2000b p70) since some birth fathers will never have met their child. "Reunion" also implies the resumption of a previous close relationship (Clapton 2000a, p298), which for birth fathers is not usually the case (March, 1997 p104).

until middle or late childhood. Many reacted with shock, anger and shame when they discovered. Except for participants whose parents had been more open about the issues, most experienced poor self-esteem and a lack of belonging in their adoptive families. All participants wanted to know why they had been relinquished. They felt that early knowledge of their origins was essential to enable them to "come to grips with their genealogy and their past" (p36). Few participants met a birth family member, although most felt that the search had helped them to feel more complete. The Houghton Committee (Cmnd.5107, 1972), which was set up to review adoption law, accepted Triseliotis's findings and recommended legal reform. Consequently, the Children Act 1975 enabled adopted people to access their original birth records in England and Wales. However, there was one unintended consequence of Triseliotis' study. His participants' accounts of dissatisfaction with emotionally impoverished childhoods and admissions of vulnerability reinforced a tendency to pathologise adopted people's interest in their origins.

Adoption identity as self in context

However, Haimes and Timms (1985), in a study of adopted people' searching intentions found that their searches were motivated more by curiosity than personal crisis or dissatisfaction with their adoptive family. Haimes (1987 p368) challenged the characterisation of searching adoptees as needy "psychological vagrants" in search of a family. Instead, adopted people wanted "a complete and consistent biography" to attempt to "remove the unease they and others feel about their adoptive status" (p363). March's (1995) study of 60 adopted people who met birth relatives found that participants felt that they had reduced adoption stigma and gained more control over their lives because they could account for their origins.

The nature of an adopted person's identity and the additional life tasks required to complete it were fundamental matters informing the debate which followed regarding openness between members of the adoptive kinship network. Adoption identity was not a matter solely of an individual's psychology but was also rooted in relationships and institutional social context (Haimes, 1987,

Triseliotis, 2000, Grotevant et al., 2000).

According to Triseliotis' (2000) literature review, developing a coherent identity for an adopted person involved the completion of particular tasks. Adopted people must fully join their new family, understand what adoption means, know who their birth family are, and deal with "the sense of loss and rejection" surrounding adoption (p82). Triseliotis suggested that the quality of their relationship with their adopters was the core of adopted people's sense of self-esteem from which they negotiated other tasks. Curiosity is often the main driver for adoption identity work (Simmonds, 2000, Wrobel and Dillon, 2009).

Openness and adoption identity

Defining openness in adoption

There are varied definitions of "openness" in adoption. These always contrast with confidential adoption where adoptees were not told of their adoption, birth records were sealed and adopters subscribed to the doctrine of equivalence (Triseliotis, 1991). Triseliotis (1973) identified adopted people's basic expectation that they should possess information about their origins and adopted status early in childhood. However, the concept of openness has since extended to communication across the adoptive kinship network. Henney et al. (2004) define openness in adoption as "a purposeful act of contact or communication between adoptive parents, adopted persons and birth families". They describe a continuum of openness from "confidential" adoptions in which only anonymised information is shared and there is no direct communication, to "fully disclosed" adoptions in which members of the adoptive kinship network communicate directly and are fully aware of each other's identities.

Leon (2002) proposed a further important dimension of openness, namely, that it should include the quality of communication within the adoptive kinship network rather than just its extent. Brodzinsky (2005) subsequently proposed a distinction between structural and communicative openness. He observed that communications between adoptive kinship network members may be extensive

and include face-to-face contact. However, these arrangements may be characterised by lack of emotional openness, distrust and lack of attunement to adoption issues. In contrast, there may be no contact between the adoptive family and birth parents but adopters may be sensitive to their child's need to explore adoption issues and open to share the available information fully. It is possible, therefore for there to be structural openness but no communicative openness in a placement and vice versa. According to Brodzinsky, what matters most in terms of enhancing the identity of adopted children is communicative openness since "openness in adoption is about meeting not only children's informational needs but also their emotional needs" (p164).

Openness and contact arrangements

Research studies since the 1980s demonstrate an increase in the proportion of children adopted from care with a plan for continued contact with birth parents. In Fratter et al.'s (1991 p50) large-scale survey of children permanently placed during the early 1980s, only 17% of the children placed had any form of contact with their parents. However, by the late 1990s, Parker (1999) found that 70% of adopted children had some contact with birth relatives. Neil (2002, Neil and Howe, 2004) reported that of 168 preschool children adopted from care during 1996/7, 90% had contact of some kind with an adult birth relative. Only 9% of children (usually older children adopted following care proceedings) had face-to-face contact with a birth parent. Because of these children's complex relationships, these contact meetings were often difficult to manage. However, birth parents found indirect letterbox contact difficult to sustain without support. Letterbox contact did not necessarily foster communicative openness. Contact arrangements of all types predominantly involved birth mothers and grandparents rather than birth fathers.

Several studies concentrate upon the influence of adopter attitudes on contact success. Grotevant et al. (1999) found that a shared sense of working together for the child's welfare between birth parents and adopted parents led to better developmental outcomes for high risk children. The findings suggest that birth parents can make a positive contribution to their child's welfare in placement.

However, adoptive parents differ in their ability to collaborate with birth parents. Neil (2003) found that adoptive parents who demonstrated a sensitive and understanding approach to birth relatives were more likely to persist with face-to-face contact arrangements. Smith and Logan (2003) found that where contact was meticulously planned and all parties were properly supported, most participants saw continuing face-to-face contact as positive for the child, though not without difficulties. Birth relatives felt that it enabled them to monitor their child's welfare and development. They also felt that it enabled the child to have access to their birth heritage and to know that their birth family still cared about them. Birth relatives who were most able to adapt to the change of role from carer to interested distant relative were most content with contact arrangements. Several studies suggest that adoptive parents' feelings of entitlement to parent their child are not adversely affected by contact arrangements with birth parents (Grotevant et al., 1994, Fratter, 1996, Grotevant and McRoy, 1998).

However, some studies record adoptive parents' guarded attitudes towards birth parents. Sykes' (2000) study found that, although adopters reported increased commitment to contact over time, most of them also expressed fear that the birth father might attempt to abduct the child or otherwise target the family. Some adopters in this study also found it hard to come to terms with birth parents' previous maltreatment of the child. Berry et al. (1998) found that such feelings affected adoptive parents' ability to manage face-to-face contact successfully. This is relevant to current adoption practice since most adoptions from care follow care proceedings, in which birth parents have been found responsible for child maltreatment (see Chapter 2).

Openness: risks, benefits and challenges

Steps to promoting openness have met with a mixture of welcome and concern in the adoption community. Kraft et al. (1985a, 1985b, 1985c) and Kaniuk (1993) represent a number of professionals concerned about greater adoption openness from theoretical or clinical standpoints. They warn that open adoption could be detrimental for all adoptive kinship network members. They predicted

depletion in the quality of children's attachments to adopters; that adopters will feel out of control; and that birth parents will be remain stuck in unresolved grief. Early studies of the outcome of open adoption for birth mothers suggested that there was little difference in grief resolution in confidential and open adoptions (Winkler and Van-Keppel, 1984, Dominick, 1988). Blanton and Deschner (1990) even found higher levels of grief in birth mothers who had met adoptive parents. However, in a later study which looked at outcomes of fully disclosed placements with continuing open communication, birth mothers who could see their child growing up appeared better able to contain their sense of grief (Christian et al., 1997a).

In England, the debate around openness centred on the needs of children adopted from care. In the 1980s, for the first time in the UK, children over five years and with special needs were being placed for adoption. These children often had strong but entangled relationships with family members (Fratter et al., 1991 p103, Neil and Howe, 2004 p2). Professionals attempted to balance two contrary considerations. On the one hand, adopted people required access to their family heritage and possible contact with birth relatives. On the other hand, they questioned whether contact undermined the stability of children's placements. This preoccupation is reflected in Fratter et al.'s (1991 p51) study which found that when other variables affecting the security of the placement were held constant, "continued contact with both parents is a protective factor, that is, it is associated with successful outcomes".

Based upon several studies drawing upon a large American longitudinal database, Grotevant and McRoy (1998 p196ff) drew general conclusions on contact and openness. The research demonstrated that all parties agreed that the adopters had parental rights for the child. Where there was face-to-face contact, children showed no confusion as to who had parental authority. Earlier concerns that birth parents might abduct their children proved unfounded. Indeed, where there was face-to-face contact adopters felt more rather than less entitled to parent their child. Birth mothers who had face-to-face contact were more likely to be managing their grief successfully. However, birth mothers exhibited varied

levels of adaptation to loss and the authors concluded that face-to-face contact was not appropriate for all situations. Care is necessary when applying US findings in a UK context. Rushton (2003), reviewing the literature on the outcomes of increased contact and openness highlights several difficult methodological issues in investigating openness. Most of the American studies do not consider openness in the context of compulsory adoption, the most common scenario in the UK. In addition, the varied ages of children and levels of developmental difficulty at placement, different types of contact pursued and competing criteria for determining successful outcomes complicate research design.

A related point is that some American birth mothers have occupied a comparatively privileged position, being regarded as the main customer of adoption agencies (Grotevant and McRoy, 1998 p199). Their interests and concerns have driven the openness agenda. Although journalistic accounts of the adoption experiences of American birth fathers exist (Mason, 1995) none of the major American adoption studies have yet included birth fathers as informants (Brodzinsky 2005, p148) and the implications for them of the openness debate remain unexplored.

Searching and the place of birth fathers

The desire of more adopted people to search for birth relatives has clear relevance for birth fathers. Several researchers suggest that searching, whether imaginative or physical, is a universal phenomenon among adopted people (Haimes and Timms, 1985, Brodzinsky et al., 1992) or that most adopted people will conduct some active search for origins at some point in their lives (Triseliotis, 1973, Sobol and Cardiff, 1983, Haimes and Timms, 1985). However, some adopted people show no apparent interest in such searches or decide not to seek birth parents (Roche and Perlesz, 2000, Trinder, 2000).

In Sachdev's (1992) study most participants reported benefit from meeting birth parents. The participants were mainly concerned to find birth mothers. Only 20% reported thinking about their birth father. In Pacheco and Eme's (1993)

study, most participants were seeking their birth mother in the first instance but many also found their birth father or wished to do. Male searchers were more likely to seek out their fathers. March (1995 p110-111) found that searchers were initially focused upon finding their birth mother. However, some became interested in seeking their birth father during the course of their search. March concluded that birth mothers had "saliency" in the adoption process (p34) but that this may be related to a neglect of the perspectives of birth fathers.

The prior concern of adopted people to meet their birth mother before their birth father is supported by Australian studies of meetings and subsequent relationships between adopted people and their birth fathers (Passmore and Coles, 2009, Passmore and Feeney, 2009). Where a continuing relationship had formed beyond the initial meeting it was found to be associated with adopted people's perception that their birth fathers showed non-possessive warmth and interest towards them, avoided negative attributions towards the birth mother and was prepared to be open about the circumstances of the adoption (Passmore and Chipuer, 2009, Passmore and Feeney, 2009).

In relation to adopted people's motivation to maintain a relationship with their birth fathers, it assisted in the process if they had avoided critical preconceptions about the birth father, had modest expectations and had specific identity issues which were resolved in the course of meeting him (Passmore and Chipuer 2009, Passmore and Feeney 2009). Although some adopted people and the birth fathers had formed enduring "family relationships or friendships", the adopted people's relationships with birth fathers, compared to those with birth mothers, was more likely to be that of an "acquaintance or stranger" (Passmore and Feeney 2009 p11).

The Australian studies highlight the important role played by other members of the adoptive and birth families in supporting and facilitating or undermining and opposing relationship building between adopted people and their birth parents (Passmore and Coles 2009, Passmore and Feeney 2009). Initial meetings were not so successful when other family members were present (Passmore and Coles

2009). Birth fathers could be particularly vulnerable in this process. Because adopted people tended to find their birth mothers first, her attitude towards the birth father could be highly influential. In some cases in which she was critical of the birth father, portraying him as having abused or abandoned her, this was an additional obstacle to relationship building between the adopted person and birth father (Passmore and Feeney 2009).

The main British study of search and reunion (Howe and Feast, 2000) elucidates the reasons given by searchers and non-searchers for their decisions and what searchers were seeking from the process. The investigators analysed questionnaires completed by 472 adopted people, 394 (83%) of whom had engaged in searching. A further 74 face-to-face interviews were carried out with a sample of participants. Over 90% of the respondents had reflected about one or more birth family members during childhood. Most were interested in a possible physical resemblance between themselves and birth family members. Those who searched were more likely to be seeking an explanation for the adoption. Howe and Feast suggested that in order of salience, the searchers were seeking to know where they originated, what was the explanation for the adoption and whether they could form a relationship of significance with their birth families.

At the outset, 75% of searchers prioritised birth mothers in their search. Forty percent wished to locate a sibling and 38%, their birth father (p51). Searchers were most likely to find their birth mother (73% of searchers did so). Thereafter, searchers were more likely to locate a sibling or a grandparent than their birth father, although 24% did so. In 3% of cases, "birth fathers" denied paternity. In searches and meetings initiated by birth family members, birth mothers were more likely to take the initiative. Birth fathers initiated contact in only 3% of such cases (p60).

Regarding the chances of adopted people still being in contact with a birth relative five years after the initial meeting, searchers (63%) were more likely than non-searchers (55%) to remain in contact (p135). Proportionally fewer

adopted people were in touch with their birth father than with their birth mother at the end of five years (p125). Most adopted people's links with their adoptive parents remained more frequent and stronger than that with their birth relatives. The meetings with birth family members did not threaten the relationship between adoptee and adoptive parents. Most of the participants, searchers and non-searchers, found meeting birth relatives, even if only once, a constructive experience. Searchers particularly felt that it had helped them complete aspects of their identity.

Trinder et al. (2004) make the following observations about birth fathers based on the above study:

- lack of documentation and biographical information can sometimes make it harder to find birth fathers;
- adoption records can depict fathers negatively and inaccurately;
- birth mothers and maternal grandparents sometimes present a negative picture of birth fathers;
- although contacts over time with birth fathers are more likely to end, some important relationships were formed;
- meeting one's birth father can provide a complementary understanding for adopted people about their roots and the reasons for adoption.

Triseliotis et al.'s (2005) study of search and reunion included too few birth fathers to draw valid conclusions. Nonetheless, in the cases studied, reunions had been mostly pleasurable for adopted people and birth fathers and had helped adopted people "complete the picture" regarding their identity. There were benefits for the self-esteem for most of the birth fathers. Wrobel and Dillon (2009), investigating the curiosity and search intentions of a large sample of adopted adolescents, reported that almost as many participants (74% as compared to 78%) were moderately or very curious about their birth fathers as about their birth mothers.

Most studies therefore suggest that although adopted people generally search for birth mothers first, they are also interested or become interested in meeting

their birth fathers. The predominant purpose of the search for a birth father as for other birth family members is usually for what Howe and Feast call "roots"- to establish a sense of connectedness with their birth family to fill out their biographical picture. Dialogue about the reasons for the adoption may also figure. Fewer adopted people are seeking a relationship with their birth father although some such relationships are formed. These may be a lower level of intensity compared to birth mothers and somewhat more likely to peter out over time. Newly formed relationships with birth relatives do not usually affect the primacy of the relationship between the adopted person and their adoptive parents.

Adoptive kinship networks: shared issues and communication over the lifespan

As Feast and Howe (2004 p26) point out, the need for adopted people to carry out identity work results from events in their lives over which they had had no control (namely, their adoption). Similar adoption identity issues also arise from external circumstances for other adoptive kinship network members. The literature contains many references to commonalities between members of the adoptive kinship network in their experiences of loss (Brodzinsky et al., 1992, Treacher and Katz, 2000, Brodzinsky, 2005). The related challenges faced by adoptive kinship network members are summed up by Gediman and Brown (1991 p3):

> Everyone in the adoption triad deals with the issue of loss, because the experience of loss is the fundamental ground upon which the event of adoption is built. For the birth mother it is the loss of her baby[11]; for the adoptive parents the loss of the ability to reproduce. For the adoptee there is the separation from and loss of the first mother.

According to Treacher and Katz (2000, see also Brodzinsky et al., 1992) the consequent adoption complexities and losses often require adoptive kinship network members to continually rework their own identity over their lifetime. Adoptive kinship network members must grapple with the concept of openness in this context.

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[11] In Chapter 3, I cite evidence that birth fathers' experience is much the same.

The concept of an adoption family life cycle has been advanced to represent the evolution of the adoptive kinship network and its members over a lifetime around issues such as identity, contact and openness (Wrobel et al., 2003). Researchers have identified other implications of membership of the adoptive kinship network. Fravel et al.'s (2000) study of birth mothers demonstrated that even when out of physical contact, adopted children may be psychologically present. Grotevant (2009) devised the concept of "emotional distance regulation" to model the desire for proximity and distance between members of adoptive kinship networks over the family life cycle, in response to changing needs of family members and developmental stages.

Grotevant argues that the degree of closeness achieved at any given time is the result of a balancing of individual needs as members interact dynamically and risk deeper engagement or pull back to an area of safety. This can result in a mismatched desire for closeness between birth family members and the adoptive family over the life course. Figure 2 illustrates common dynamics within the adoptive kinship network identified by Grotevant (2009) and others. As children mature, their changing needs and understandings of adoption drive the family dynamic (Brodzinsky et al., 1984, Sherrill and Pinderhughes, 1999). Brodzinsky et al. (1984 p876) found that adopted children start to experience a sense of loss and show increasing interest in their birth family at around the age of 7 or 8 years. The older children in Sherrill and Pinderhughes (1999) had a more inclusive, realistic and flexible approach to family life based upon their experiences of multiple attachments. According to Grotevant (2009), adopters may have kept birth relatives at a distance in the early years of the placement to consolidate their family. When they encounter their children's identity issues in middle childhood communicatively open adopters may then seek out the birth mother to meet the child's growing curiosity about his or her origins. However, birth mothers, having initially been highly concerned about the welfare of their children may have become preoccupied with other life tasks.

Dunbar et al. (2006) found that in the child's middle years, the key relationship

linking birth family and adoptive family was that between the birth mother and the adoptive mother. Where this line of communication and degree of closeness had been negotiated to mutual satisfaction, contact was successful.

Where it had not, contact tended to diminish. Birth fathers and adoptive fathers were rarely involved in these negotiations.

New dynamics emerge as adopted people enter adolescence. Wrobel and Dillon (2009) interviewed a large sample of adolescent adoptees to explore their levels of curiosity regarding their birth families and how this related to information seeking behaviour. They found that where the subjects experienced an "adoption information gap" (p235) curiosity, independent information gathering and intent to search for a birth family member was likely to be higher. Although young people begin to take the initiative in communication, responsibility for maintaining it appears to blur. According to Dunbar et al. (2006) adoptive parents appear to expect their teenage children to assume responsibility for contact whilst the young person may not realise this expectation or feel ready for the role. As a result, communication from the adoptive family to birth parents may diminish.

Study findings from Triseliotis's (1973) study onwards (including Wrobel and Dillon's study), suggest that adopted people first tend to express a desire to research their origins in adolescence. Most, however, take no action until a later significant point in their lives, such as the forming or dissolving of a relationship, the birth of a child or the death of a parent. According to Henney et al. (2004 p40) who interviewed large samples of birth mothers, adolescence is a phase which some mothers see as a point of opportunity to develop a one to one relationship with their child. This, however, is offset by countervailing factors such as the birth mother's other preoccupations (for example, children, partnerships) and changing dynamics and busyness within the adoptive family.

Figure 2: Emotional distance regulation over the life course in adoptive kinship networks (after Grotevant, 2009)
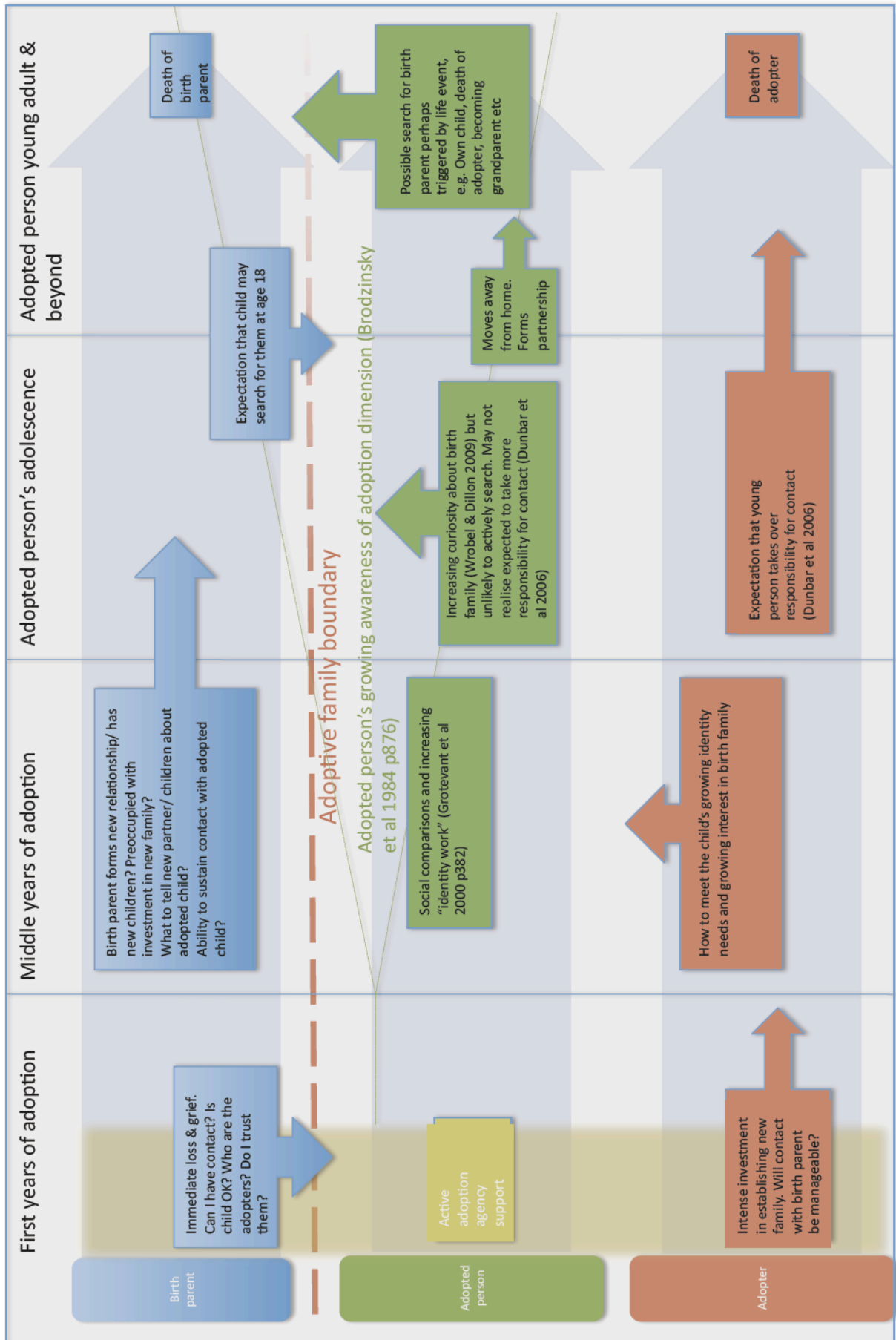
Summary and conclusions

For most of the time since the legalisation of adoption in 1926, birth fathers have been liminal figures in the adoption story. They have often been constructed as morally reprehensible both for procreating a child "out of wedlock" and failing to maintain the child. They have been accorded few legal rights and regarded as irrelevant to their children's future lives. If birth fathers are now seen as having significance, it is as a result of a greater awareness of adopted people's search for identity.

The research shows that adopted people need to know about their origins. It is a common human concern to seek to build and maintain a sense of identity by means of a coherent life narrative. Many adopted people experience a missing elements in their lives occasioned by the rupture with their birth family and therefore, the research suggests, have additional tasks to perform to attempt to complete their life narrative. In that respect, they resemble other members of the adoptive kinship network (including birth fathers), all of whom, it is suggested, suffer a degree of loss and identity dislocation associated with adoption.

The trend towards openness in adoption, with more attention to contact arrangements during the adopted person's childhood and the prospect, if not the expectation of later search and meeting between adopted person and birth parents must be played out in the context of the adoptive kinship network which must coexist for the adopted person's lifespan. Where there is open communication between the adoptive and birth families the main link is usually between adoptive mothers and birth mothers. Birth fathers are rarely involved. Birth fathers are less likely to be involved in all contact arrangements.

In searching, most adopted people are primarily concerned to understand their birth heritage and the reasons for the adoption although some seek a continuing relationship with birth relatives. Although most adopted people's primary source of belonging remains with their adoptive families, growing curiosity and grasp of

the adoption dimension eventually lead most to undertake a search for birth relatives though not usually at the first opportunity. There is a potential mismatch of expectations for birth relatives especially if they do not appreciate or cannot respect the adopted person's likely primary loyalty to the adoptive family or expect that adopted people will search for them in early adulthood or not at all.

Research shows that adopted people who search are more likely to meet their mothers than their fathers. Most adopted people prioritise the search for their birth mothers. There are sometimes additional obstacles to meeting in respect of birth fathers: Birth records many include little information about fathers or diminish their significance; some birth mothers and their relatives may be negative in their attitudes towards the birth father. In spite of these factors, many adopted people are curious about their birth father and seek to meet them.

The literature suggests that birth fathers have progressed from being historically liminal to the adoption process to being somewhat marginal members of the adoptive kinship network. Their participation is governed by factors such as the degree of initiative shown by the adopted people in their search, by any contact arrangements which may exist and by obstacles to contact which particularly apply to fathers.

The research portrays birth fathers as less likely than other family members to take the initiative towards their adopted child. They are less likely to have contact, to initiate a search, to persist with a relationship after meeting their child again and less likely to use adoption support. Due to their exclusion from the major studies of the adoption life cycle such as those undertaken by Grotevant and colleagues as part of the MTARP[12], little is known to explain birth fathers' apparent passivity. The nature of adoption identity work birth fathers may be undertaking, its importance for them and the way they negotiate the adoption family life cycle also require investigation.

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[12] Minnesota/ Texas Adoption Research Project.

The research suggests that birth fathers have a significant role for adopted people in offer a balancing perspective to that which birth mothers may provide enabling adopted people to form a more complete adoption autobiography. There is usually mutual benefit when adopted people meet their birth fathers even if they meet on just one occasion. Some meetings lead to significant relationships though relationships formed with birth fathers tend to peter out somewhat more frequently than those with birth mothers. Such relationships do not usually undermine the primacy of the adopted persons sense of loyalty and belonging to the adopted family. It appears that in order to assume their potential in relation to their adopted children, birth fathers must accept the adoptive parents' primacy in their child's life and be prepared to assume the role of an interested relative who is unlikely, however, to be involved in the day-today care of the child.

Chapter 2: Contemporary birth fathers as social service users

In this Chapter, I describe birth fathers' legal rights in the context of the rise of compulsory adoption from care; the characteristics of contemporary birth fathers and birth fathers as users of child welfare services.

Section 1: The rise of adoption from care

This Section sets out the implications for birth fathers of late 20th Century legal developments in England and Wales. Legal thinking about children had been shifting for some time towards the affirmation of the paramountcy of children's welfare when children's matters come before a court. The paramountcy principle is included in the Children Act 1989[13] - the law invoked to protect children where they are living with parents- and the Adoption and Children Act 2002[14] under which children are adopted. Both child protection and adoption legislation are cited here because the most common route to adoption for children in care is via care proceedings.

Children's paramount welfare and parental consent

The paramountcy principle has been crucial to the move towards compulsory adoption from care. Consent to adoption by parents has always been a key legal issue. Historically, without parental consent, a child may not be placed for adoption or adopted. As described in Chapter 1, unmarried birth fathers have not usually been recognised as parents whose consent to adoption is required. But even where a person is recognised as a parent, their ability to prevent adoption has become increasingly qualified.

From the mid 20th Century onward, the law has defined circumstances in which

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[13] The Children Act 1989 Section 1(1): "When a court determines any question with respect to...the upbringing of a child...the child's welfare shall be the court's paramount consideration".

[14] Adoption and Children Act (2002) Section 1.

a court can set aside parental consent. Previously, the law[15] allowed courts to set aside the consent of parents to adoption where there was grave parental failure or where a parent was withholding consent "unreasonably", framing the test as one of parental attitude rather than child welfare. However, the 1976 Adoption Act moved the law in the direction of child welfare. It required courts to give "first consideration" to promoting the welfare of the child and to have regard to their wishes and feelings[16]. But by the enactment of the Adoption and Children Act 2002, the child's welfare had become the "paramount consideration".

Under the Adoption and Children Act 2002, a child's adoption still usually requires the signed informed consent[17] of each person with parental responsibility[18]. However, even where parents have parental responsibility, social workers can now ask a court to set aside their opposition to adoption on the grounds that "the welfare of the child requires that the consent … be dispensed with"[19]. This provision strengthens the ability of the court to act in children's best interests but weakens the position of birth parents opposing adoption.

Compulsory adoption following the Children Act 1975

The early 1970s were a watershed for the public impact of child abuse. The death of Maria Colwell in 1973, provoked widespread concern and led to the first of many child protection reviews (Parton, 2004) opening debate on the need for effective state intervention in family life to protect children. Rowe and Lambert (1973) highlighted the needs of children in care who were apparently drifting without prospect of safe return to their birth families or a permanent alternative family. At the same time, Goldstein et al. (1973) argued the primacy of "psychological parenting" over blood ties for children in contested situations of family breakdown. These developments informed a new mood of scepticism regarding the parents of children in care.

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[15] For example, Section 5 the 1958 and Section 16 of 1976 Adoption Acts.
[16] Adoption Act 1976 Section 6.
[17] Under Adoption and Children Act 2002 Section 19 or 20.
[18] This legal concept is explained later in the Chapter.
[19] Adoption and Children Act 2002 Section 52 (1)(b).

Under the Children Act 1975, local authorities could ask courts to dispense with parental agreement to adoption. They began to do so in order to place children from care for adoption where it was judged that it was unsafe for the child to return home (Rowlands and Statham, 2009). Adoption became a tool of local and central government for preventing children from drifting in care. Murch et al.'s (1993) large study found that adoptions of children in care comprised 60% of all adoption applications. Compulsory adoption was increasing: in 23% of applications, courts were asked to dispense with the birth mother's agreement and in 11% of cases, the birth father's (p25).

The 1980s saw a backlash against compulsory adoption. There was concern that local authorities had abused their powers by pursuing adoption whilst neglecting extended family alternatives. The backlash against compulsory adoption informed a change of philosophy. Under the Children Act 1989, local authorities were to work in partnership with parents and resort to legal compulsion only in the last resort. Even when children were compulsorily removed, local authorities were discouraged from supplanting parents' central role in their children's lives (DOH, 1991 p2). Growth in the use of compulsory adoption by local authorities duly faltered during the 1990s. Adoptions from care in England had risen as a proportion of the total number of children looked after from about 1.5% per annum in 1975 to nearly 5% (2500 adoptions) in 1993, but fell to around 4% by 1999 (PIU, 2000, Ivaldi, 1998).

By the late 1990's, public concern had shifted to the system of care for looked after children. Government reports catalogued disappointing outcomes for children looked after in education, health and quality of life after care (PIU, 2000 p16). Evidence from inquiries suggested that many children in care were unsafe (Utting, 1998). In this context, adoption from care appeared a better option (Lewis, 2004 p251). An influential government circular advised local authorities that "adoption is not an option of last resort" and that children adopted from care have better outcomes than those remaining in the care system (DOH, 1998 p2). Two years later, the government launched a much-publicised initiative to

increase adoptions from care (PIU, 2000).

Compulsory adoption and child protection

In the late 1990s, Neil (2000) evidenced the increasing proportion of compulsory adoptions among children looked after. In a large study, she found that 62% of the children were adopted following a court decision following maltreatment. Recent government statistics continue to demonstrate this trend such that in the last decade, compulsory adoptions far outnumber adoptions to which parents consent. Compulsory adoptions accounted for 90% of the total of children looked after adopted in 2003 but increased to 93% by 2008 (DCSF, 2007a, DCSF, 2008a p8) (see Figure 3, Appendix 2). The same sources also indicate that the main reason for children being adopted from care is parental maltreatment. The main stated reason for adoption in the six years between 2003 to 2008 in just less than three quarters of cases is "abuse or neglect"[20]. This picture accords with that of other large studies of care proceedings. For example, Masson et al. (2008 p36), reported that parents were held responsible for abusing or neglecting their children in 96% of cases. So, research and government statistics show that contemporary adoptions from care are likely to be compulsorily, following care proceedings in which parents have been found responsible for child maltreatment.

Care proceedings: the route to compulsory adoption

Where legal compulsion is used to achieve adoption, the child's case will usually have been subject to two distinct legal proceedings: care proceedings[21] and adoption proceedings[22]. A local authority brings care proceedings in respect of

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[20] If the incidence of "abuse or neglect" is combined with other reasons which suggest failure of parenting ("absent parenting" and "family dysfunction") rather than other more situational reasons, the percentage of children adopted because of parental deficits rises to around 90%.

[21] Under the Children Act 1989 Section 31.

[22] Under the Adoption and Children Act 2002. In England and Wales, this Act came into force in December 2005. Prior to that, adoption applications were made under the Adoption Act 1976.

children where that child has suffered or is likely to suffer "significant harm"[23] and voluntary efforts to safeguard the child are ineffective. During the last ten years, there have been significant changes in adoption law governing how local authorities may place children for adoption, what happens where parents do not consent and the effect upon the parental responsibility of birth parents. Table 1, Appendix 3 sets out the relevant differences between Freeing Orders under the Adoption Act 1976 and Placement Orders[24] under the Adoption and Children Act 2002.

Care proceedings are the point at which most parents effectively lose the fight to prevent their child's adoption. Parents are most actively involved in care proceedings (Brophy, 2006 p58). Parents experience the loss of their child first hand and understand that an imminent adoption plan will make their loss permanent. Although birth parents' parental responsibility is not finally removed until an adoption order is made, few parents take part in adoption proceedings which occur, on average, 14 months later (PIU, 2000 p85).

Birth fathers' legal position during care proceedings

Within care proceedings, there are important entitlements for birth fathers which were not available to the same extent or at all prior to the Children Act 1989.

Parental responsibility is defined as "all the rights, duties, powers, responsibilities and authority which by law the parent of a child has in relation to the child and his property"[25]. If a birth father has parental responsibility he will automatically be a party in care proceedings. He may then instruct a solicitor, call evidence and make representations. He may apply to be assessed as the child's permanent carer or ask the court to assess relatives or friends[26]. He

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[23] Children Act 1989 Section 31(2).
[24] Adoption and Children Act 2002 Section 21.
[25] The Children Act 1989 Section 3(1).
[26] The Children Act 1989 Section 1(3)(f).

may apply for contact[27]. The presumption under the Act is that any person who has parental responsibility will be able to have regular contact with the child (White et al. 2005, p37). If adoption is proposed, the father's consent must be sought as well as the mother's[28]. If the father is married to the mother he automatically has parental responsibility. However, research shows that birth fathers in care proceedings usually do not have parental responsibility. In Masson et al.'s (2008 p17) study (based upon 2004 data), only 34% of fathers had parental responsibility.

It is possible that if Masson et al.'s study were to be repeated, a somewhat higher percentage of birth fathers would be found to have parental responsibility by virtue of an amendment to the Children Act 1989 in 2005[29] which according to Bainham (2009 p3) led to more than 80% of unmarried fathers in the general population establishing their parental responsibility. If he does not have parental responsibility, the birth father may acquire it in a number of ways[30]. The most significant in care proceedings is by applying to the court[31] for a parental responsibility order. If paternity is disputed or uncertain, the court will usually order DNA testing before making an order. Subject to an additional legal test[32], courts will then often make a parental responsibility order even if adoption is the plan (White et al., 1995 p49). This entitles the father to receive reports from the local authority on the progress of the child before placement for adoption. Fathers without parental responsibility who were living with the child at the start of care proceedings are usually granted parental responsibility. However, of those who are non-resident but still in touch, only about half are granted

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[27] The Children Act 1989 Section 8.

[28] Under the Adoption and Children Act 2002 Section 19 or 20. But see earlier in the Chapter regarding a court's ability to dispense with parental consent. This may be done under Section 21.

[29] Section 4(1)(a) of the Children Act 1989 now provides for unmarried fathers to gain parental responsibility by joint registration with the child's mother.

[30] Unmarried fathers may acquire parental responsibility by subsequently marrying the mother; by making a parental responsibility agreement with the mother; by order of the court; by obtaining a residence order, becoming the child's guardian or by being registered as father following the child's birth.

[31] Under the Children Act 1989 Section 4.

[32] The court will usually take into account the father's degree of commitment, attachment to the child and why he is applying for parental responsibility when making this decision.

parental responsibility, usually part way through the proceedings (Masson et al., 2008 p21). Some fathers face disadvantage in adoption proceedings. Non-resident fathers without parental responsibility who discover that the child's mother has consented to adoption but who oppose it, have found that their consent to adoption was presumed and that they are unable to mount a legal challenge (Ashley, 2011 p125).

Following the enactment of the Human Rights Act 1998, courts will not readily make substantive orders without establishing a child's paternity. Where the identity of the birth father is unknown at the beginning of proceedings considerable efforts are now made to establish the father's identity including carrying out DNA testing in most cases. This presents an opportunity for birth fathers to be identified and apply for parental responsibility. It does mean that, even where paternity cannot be verified, some children will have additional information about their paternal heritage (see also Loftus, 2004).

However, contemporary birth fathers are unlikely to feel empowered by having more legal opportunities than their forbears, since they are also likely to be considerably more disadvantaged (Lewis and Lamb, 2007 p20-21 and Section 2 below). Care proceedings are not intended to be unduly adversarial (DCSF, 2008b p8, MOJ, 2009 p9). However, research indicates that court processes are intimidating for parents (Freeman and Hunt, 1998, DOH, 2001). Although there are opportunities for negotiating solutions for children (DOH 2001, p59) critics argue that the process is highly adversarial (Ryburn, 1993, McKeigue and Beckett, 2004). Research shows that birth parents have enormous difficulty engaging with a court process in which their ability to care for their child is under intense scrutiny (Mason and Selman, 1997). They find the process "an alien and lonely experience". They find themselves kept on the margins of negotiations, obliged to attend all hearings without real understanding of what is going on (Pearce et al., 2011 p161).

Social workers are often caught in a dilemma in care proceedings with regard to birth parents. On the one hand, they may wish to avoid humiliating the parent

aware of the damage being done to their relationship. On the other hand, they will be pressed by their managers to make a forthright case against the parents (Dickens, 2006). Lawyers representing parents who wish to contest a strong case against them often believe that "parents were entitled to 'their day in court'" (Pearce et al. 2011, p164) and that "fighting care applications was … therapeutic for parents in some cases" (p161), thus exposing parents to the possibility of even more humiliating defeat. Although Pearce et al. (p151) citing Glaser and Strauss (1971) helpfully identify the key role lawyers have as "'passage agents accompanying their clients physically and emotionally through the process by which their status is fundamentally changed" they also point out that lawyers often feel ill equipped to provide emotional support in this role. Although losing a child to adoption is an intrinsically painful experience, doing so following care proceedings seems highly likely to intensify birth parents' pain and loss. This may, in part, explain the findings in Neil et al.'s (2010 p174) study that birth relatives reached a particularly low ebb mentally during the period from the removal of their child during care proceedings until the adoption order was made.

One experienced expert witness regards care proceedings as so abusive to vulnerable birth parents as to require radical reform of the current adversarial legal model for the protection of children (Kennedy, 2010). Reform of care proceedings is, in fact, under discussion within government, although driven by cost and delay considerations rather than the welfare of birth parents. The Interim Family Law Review (MOJ, 2011 p19) raises the possibility of "alternative approaches to dispute resolution" being deployed in public law as well as in private law. This could include use of mediation, greater use of family group conferences and the Family Drug and Alcohol Court model including a programme addressing parental substance abuse under court supervision.

Adoption law changes: resources for greater birth father involvement?

In recent decades, legal and practice changes have increased the prospect for greater openness for birth relatives. Under Section 26 of the Children Act 1975,

adopted people in England and Wales have the right to access their birth records showing their original name and the name of their birth mother and (perhaps) birth father. Numerically, this legislation has been highly significant. The ONS noted that by 1999, some 70,000 adopted people have obtained their birth records and estimated that "33 per cent of all adoptees in the above statistics are projected to receive their records at some time in their lives" (Rushbrooke, 2000 p31).

The Adoption Contact Register[33] enables adopted people over the age of 18 and birth relatives to express their wish to make contact. Statistics for the Register in the 11 years between 1991-2001 (Haskey, 2001) show that it has been far less well used than the birth records provision. Only 539 "matched pairs" of people registered are recorded out of some 28,000 registrations. Over twice as many adopted people have registered as birth relatives. Few adopted people register at the earliest possible legal age (18 years). Thereafter, registrations rise steadily to the mode, which is around the early 30s (p17). Registrations then decline steadily with a smaller peak of interest in the late 40s. Birth mother registrations exceed birth father registrations by a ratio of nearly 12:1.

Only 488 birth fathers registered during the period in question, a very small proportion of the birth fathers in the general population. In registrations by male relatives[34], there are three registration peaks: the first around the adopted person's 18th birthday, his or her early 30s and a smaller one when the adopted person is around 50 years old. The mode for registrations by male relative age is around 50 years. Mullender and Kearn (1997 p132) surveying Register users, found that birth relatives wanted the Register to be more proactive, to become better known and to offer the possibility of counselling or support.

Section 1 of the Adoption and Children Act (2002) included important new principles. The law now requires that the adopted person's needs are made

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[33] Legally enacted in 1991 in England and Wales under a supplementary provision of the Children Act 1989 and administered by the General Records Office.
[34] There is no separate information for birth fathers specifically on this measure. Birth fathers comprise 40% of registered male birth relatives, the largest single group (p19).

paramount. It takes a lifetime perspective on the desirability of contact. It shows awareness that there will be implications for the adopted person of joining a new family which will need attention. It requires a consideration in every case of the value for the adopted person of keeping in touch with birth parents and that the views of adopted people and birth parents to be taken into account when an adoption application is considered[35].

The Adoption and Children Act 2002 and associated regulations also place specific new duties on local authorities and other adoption agencies regarding the openness agenda. Firstly, the requirement to provide adoption support services and offer assessment for adoption support to all members of the adoptive kinship network[36]. This includes offering assistance and mediation between adoptive kinship network members regarding contact arrangements[37].

Finally, mention should be made of practice changes, which have become embedded in adoption agency work. These too can promote and sustain openness. I provide here just a few examples. There have been changes in the recruitment and training of adopters to help them understand the "adoption dimension", namely the importance of birth families for the child. Regulations[38] governing the assessment of adopters now require adoption agencies to consider the prospective adopter's ability to meet adopted children's emotional needs in relation to their birth family and past history and contact issues before approving them.

The same regulations[39] also require the collection and preservation of a comprehensive profile of the child who is to be adopted and their family background. This record comprises information on forms and databases but also information available to children and their adopters such as life storybooks.

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[35] Adoption and Children Act 2002 Section 1(1), 1(4)(c), 1(4)(f)(i) and 1(4)(f)(iii) respectively.
[36] Adoption and Children Act 2002 Sections 3 and 4.
[37] Adoption Support Services Regulations 2005 3.1.c.
[38] Adoption Agency Regulations 2005 Schedule 4 Part 1 27 & 28.
[39] Adoption Agency Regulations 2005 Schedule 1 Part 1.

Whereas birth fathers were formerly ignored in this information set, social workers are now asked by adoption panels to explain why birth father information is missing from the child's records and what attempts have been made to involve the birth father in contributing information. The information should also include written comments made by birth parents and a clear account as to the reason for the adoption.

A post adoption contact plan must also be prepared. This does not guarantee that contact between birth families and adoptive families will be structurally or communicatively open. As Neil (2002) set out in her study of adoption agency contact planning practice, some make minimal default arrangements for contact. This can reflect a sceptical attitude towards openness and a failure to embrace the principles of the new legal framework. Nonetheless, the legal and practice framework has changed significantly for this generation of birth fathers.

Section 2: The characteristics of contemporary birth fathers

Introduction

Most current birth fathers have had children in care proceedings. Here I summarise the literature regarding the characteristics of parents in care proceedings beginning with an introduction to the main studies cited.

Freeman and Hunt's (1998) study is a small qualitative study of parent's views. Hunt et al. (1999) collected data from local authority and court records concerning 188 active court cases supplemented by interviews with key professionals. Brophy et al.'s (2003) research elucidated issues of diversity. Brophy (2006) reviewed the literature of large empirical studies of care proceedings. None of the above researchers analysed data by sex.

Masson et al.'s (2008) is a recent detailed study with a large sample size. It distinguishes data for fathers who are resident, non-resident but in touch and out of touch. Clifton (2008) comprises an unpublished file audit of 203 birth

parents whose children were considered for adoption from care in Suffolk between 2005- 2007.

Most of these researchers have used file study as their main means of data gathering. Masson et al. (2008) acknowledge that information about fathers in such files is often sparse. The likely effect on the findings is that both positive and negative aspects of birth father involvement in their children's lives may be underreported.

Neil et al. (2010) researched adoption support needs of birth relatives (mostly parents and including birth fathers). Relatives were interviewed at two time points and were described based upon self-reports. Following interviews on adoption related issues, a Brief Symptom Inventory (Derogatis, 1993) consisting of a self-report of psychological symptoms was administered. Of the studies cited, only Freeman and Hunt (1998) and Neil et al. (2010) incorporate birth parent perspectives.

Parent demography

The mean age for birth fathers in the Suffolk audit was 32 years. Birth mothers had a mean age of nearly 27 and were not so widely distributed (Clifton, 2008). Over 80% of children placed for adoption from care in 2008 were of White ethnicity, the largest remaining group comprising children of mixed ethnicity (11%) (DCSF 2008a Table E1). In Masson et al.'s 2008 study (p79) almost 80% of mothers were White whilst the fathers were more likely to be of minority or unknown ethnicity.

Generally, the studies report similar characteristics of parents across ethnicities with some variation. Bangladeshi fathers (94%) are much more likely to be married to birth mothers and therefore have parental responsibility than their White British counterparts (15%) (Brophy, 2006 p18). For some minority ethnic fathers, state intervention in family life has a special repugnance (Brophy et al., 2003). In South Asian families, where the concept of "izzat" (or honour) is highly

influential, disgrace occasioned by child maltreatment allegations could lead to fathers being ostracised by their community (Chew-Graham et al., 2002, Gilbert et al., 2004, Gilligan and Akhtar, 2006).

Parents' socio economic status

Hunt et al. (1999 p23) characterised most of the parents as "struggling at the bottom rung of the ladder", with 84% living on Income Support. Brophy (2006) observed that "half of all parents are also likely to experience housing problems" (pii). Nearly 43% of Neil et al.'s (2010) initial birth relative sample said they were unemployed; half of these said that their "illness or disability" prevented employment (p69).

In Brophy et al. (2003 cited in Brophy, 2006 p18), 85% of parents were not living together at the start of care proceedings. In the Suffolk audit (Clifton, 2008), the figure was 60%. Masson et al. (2008 p77) found that only 31% of birth parents were still living together at the time of the study. Half of the households were headed by lone mothers and a further 5% by mothers and their subsequent partners. Lone fathers accounted for only 3% with a further 1% of cases in which the father and new partner headed the household. Only 35% of fathers were present in the children's households at the time of the care proceedings; 30% were living apart from their children but still in contact with them and 19% were known but were out of contact; 12% of fathers were unknown and 3% had died.

Childcare concerns regarding parents

Researchers found that between a third and a half of birth parents abused drugs or alcohol (Masson et al., 2008, Clifton, 2008). Neil et al.'s (2010 p75) birth relatives believed that substance abuse had been a factor in the child's adoption in 32% of cases. Substance misuse by birth fathers is likely to be underrepresented in Masson et al.'s study which reports a lower percentage of

drug abusing among resident fathers (34.8%) than mothers (38.6%)[40] since a large national survey shows father self-referrals for drug abuse outnumbering mothers by a ratio of more than 2:1 (HO, 2003).

A variety of mental health problems are cited as impacting parents' childcare capacity. Three studies summarised by Brophy (2006 p15) report between 43% and 62% of parents affected. Percentages for mothers (55% and 32% respectively in Clifton, 2008 and Masson et al., 2008) are higher than for fathers (34% and 11% for resident fathers respectively). Neil et al. (2010) reported birth relatives' feelings of extreme psychological distress, although only 33% thought that mental health problems had contributed to the removal of the child for adoption (p75). However, the Brief Symptom Inventory data indicated that over three quarters of birth parents (with no significant difference between mothers and fathers) had scored exceptionally highly on a range of negative psychological symptomology. They scored particularly highly on "paranoid ideation", perhaps reflecting their response to the bruising care proceedings process.

Brophy (2006 p15) reported that domestic violence issues in three earlier studies ranged between 21%-51% of cases. Masson et al. (2008) record domestic violence as a concern in 51% of mothers, 52% of fathers living with children, 52% of fathers not living with children but in contact and 20% of non-involved fathers. In Clifton (2008), 45% of fathers and 55% of mothers were said to be implicated in domestic violence. In Neil et al. (2010 p75) birth relatives cited relationship difficulties with a partner (41% of cases) as the most common adverse factor at the time of the adoption. This included domestic violence, rows, sexual betrayal, repeated separations and reunions and divorce.

Criminal behaviour affecting children's welfare was mentioned in 61% and 20% of cases in two earlier studies (Hunt et al., 1999 and Brophy et al., 2003 respectively, cited in Brophy, 2006 p16). In studies which categorised data by

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[40] The percentages for *non-resident* fathers fall away more sharply: 25.5% for fathers in contact with the child and 8.1% for non-involved fathers.

sex, fathers' over-representation in such criminal activity was clear. In the Suffolk audit, 22% of fathers and 7% of mothers were either imprisoned or were "Schedule 1" offenders[41] (Clifton, 2008). In Masson et al. (2008), 36% of fathers living with the child and 34% of those in contact had committed crime affecting child welfare compared to 19% of mothers; 15% of fathers living with children and 11% of those in contact were "Schedule 1" offenders compared with only 4% of mothers.

In Hunt et al. (1999 cited by Brophy, 2006 p17) one in three parents had been abused as a child. In the Suffolk audit, 32% of parents (16% of father and 45% of mothers) had suffered abuse or significant disruption in childhood (Clifton, 2008). In Hunt et al.'s (1999) sample, around 20% of parents had a learning disability. In the Suffolk audit, the incidence was 17% (15% of fathers and 19% of mothers) (Clifton, 2008).

Most of the parents in the studies summarised by Brophy (2006 p16) were already well known to social services. Hunt et al. (1999) reported that about one third of parents had had a child in previous care proceedings. In the Suffolk audit, 48% of parents had lost a previous child to permanent alternative care following care proceedings.

Some parents in care proceedings could not accept that their behaviour had caused their children harm and refused to take professional advice (Brophy, 2006 p23). In Masson et al. (2008 p20) "a significant proportion" of parents failed to cooperate with the agencies. Several researchers note that the parents' multiple difficulties and parenting concerns tended to combine destructively. According to Brophy (2006 pii) parental instability and complexity is associated with numerous critical childcare concerns. Families in care proceedings are significantly more vulnerable even than families on the child protection register but not in care proceedings. Care proceedings are often triggered by adverse incidents against a background of extreme vulnerability, poor childcare and

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[41] i.e. having a criminal record with implications of risk to children as codified in Schedule 1 of the Children and Young Persons Act 1933.

parental resistance to outside help (Brophy, 2006 p 17). Neil et al. (2010 p55) note that parents' pre-existing difficulties "are then further compounded by the experience of their child's adoption".

There is substantial agreement in the literature regarding the extreme vulnerability of most of this group of parents and the serious impact of their behaviour and lifestyle on their children. Brophy (2006 piv) offers one qualification. Few studies consider parents' perspectives. This may increase the bias toward recording deficits but not identifying strengths.

Summary of findings for fathers in care proceedings

The research reviewed in this section suggests that just over a third of birth fathers in care proceedings were likely to live with their child at the time of the court case. The remainder of birth fathers is divided roughly equally between those non-resident but still in contact and those who are not.

Very few birth fathers are sole carers for their child. Masson et al. (2008) in the fullest and most current of care proceedings studies noted that there were "a few" fathers who were out of contact with their children at the beginning of care proceedings who were found and eventually emerged as permanent carers for them (p21) but there are no details of this group.   They also found that most birth fathers do not have parental responsibility, which obstructs their participation in care proceedings. Only 34% of fathers (p17) were accorded party status allowing them to take full part in the proceedings and to be consulted in adoption and contact planning.

Birth fathers are likely not to accept concerns about their child and cooperate with social services. They are likely to live in poverty and to experience multiple personal difficulties though information is likely to be lacking about the extent of their problems. Information is sparse on official files about fathers, especially non-resident fathers.

Birth fathers are more likely than mothers to be involved in crime, substance misuse and domestic violence. The latest evidence concerning their mental health suggests that they are vulnerable to a range of symptomatology.

Section 3: Birth fathers as service users

Here the literature regarding the provision of services to birth fathers is reviewed focusing on birth fathers as service users at five key stages:

1. Children in need services[42],
2. Child protection,
3. Children looked after and court proceedings,
4. Adoption and
5. Adoption support.

Five stages of service delivery to birth fathers and their families

Figure 4 represents the model of current service provision for children and families in England and Wales. I have adopted the threefold classification of birth fathers from Masson et al. (2008) explained above to highlight some key issues for service provision for birth fathers at each stage. Here and on the figure, I make some observations regarding the implications of this service framework for birth fathers.

Firstly, it is questionable whether services at Stage 1 successfully engage many birth fathers. According to Masson et al. (2008) only 34% of birth fathers are resident during care proceedings. In Masson et al., most fathers who were out of touch with their children who were children looked after had lost touch with them before they came into care.

Secondly, the diagram highlights lack of service continuity, a particular issue for birth fathers. Children and family social work is still mainly delivered in teams with boundaries reflecting the main legislative functions. Where children are

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[42] These are services provided by local authorities to any family in the community who has a "child in need" as defined by the Children Act 1989 Section 17.

adopted they are likely to have been serviced by several teams. At each stage, information will have been collected with a particular purpose in mind. At Stages 1 or 2, assessment workers may neglect to capture information about non-resident fathers which may not be available later and may have particular importance at Stages 3-5 (Winter and Cohen, 2005 p50).

When children and their families are moved from one team to another, first hand knowledge is lost, and if recording is incomplete, birth fathers can disappear from view (Masson et al., 1999 p106-107). Since mothers are more visible and available than fathers and social workers concentrate their efforts on them (Scourfield, 2001), new social workers tend to form a relationship with the mother but lose contact with the birth father. At each team boundary birth fathers' involvement may fall away unless workers make conscious efforts to retain it. The figure also highlights the funnelling effect of moving from universal towards specialist services. At Stage 1, services are open to all children and families. A small proportion of families use assessed services and children adopted from care (Stage 4) comprise a small minority of children looked after (Stage 3).

Fathers as a hard to reach group

The literature describes the difficulty for fathers in accepting help from child welfare services which are predominantly staffed by women and serve women and children (Armstrong and Hill, 2001, O'Brien, 2004, Lewis and Lamb, 2007). They may see communication with outsiders as a female function or associated with weakness, which they may have difficulty in admitting. They may be slower to identify a family problem and less able to articulate their emotions (O'Brien, 2004 p21-23).

Figure 4: Stages of service delivery to birth fathers

Stage	Service & legislation	Service delivery	Birth father resident	Birth father non resident but in touch	Birth father out of contact (including identity and whereabouts unknown)
1	Child in Need Children Act 1989 S 17	Primary health care; Children's Centres; Integrated services; Homestart; Surestart.	Is service inclusive and father friendly? Delivery aimed at mothers exclusively? Father excluded through lack of parental responsibility ?	Identity/ whereabouts/ contact details recorded? Attempt to engage NR father? Father's meaning for the child? Father excluded through lack of parental responsibility ?	Identity and contact details recorded? Father's meaning for the child? Father excluded through lack of parental responsibility ?
		Social care intake			
2	Child Protection Children Act 1989 S 49	Social care intake or specialist investigation team; Police child protection unit	Full assessment of father as risk and resource?	Actively traced and involved? Involved/ Visiting the household? Full assessment of father as risk and resource?	Actively traced and involved? Involved/ visiting the household? Full assessment of father as risk and resource?
3	Child Looked After Children Act 1989 S22 S31 etc	Social care child looked after team	Full assessment of father as risk and resource? Potential as carer for child fully assessed? Potential for paternal wider family assessed?	Encouraged to seek parental responsibility/ party status? Contact considered? Potential as carer for child fully assessed? Potential for paternal wider family assessed?	Encouraged to seek parental responsibility/ party status? Contact considered? Potential as carer for child fully assessed? Potential for paternal wider family assessed?
4	Adoption Adoption and Children Act 2002 & Adoption Agency Regs 2005	Adoption team	Independent support offered with adoption and personal issues? Fully involved in adoption planning including contact plan?	Independent support offered with adoption and personal issues? Fully involved in adoption planning including contact plan?	Independent support offered with adoption and personal issues? Fully involved in adoption planning including contact plan?
5	Adoption Support Adoption and Children Act 2002 & Adoption Support Regs 2005	Adoption support team	Independent support maintained? Continuing access to help with adoption related and personal issues	Independent support maintained? Continuing access to help with adoption related and personal issues	Independent support maintained? Continuing access to help with adoption related and personal issues

Team boundaries

Universal service

Assessed service

Focused service

Addressing gender inequality in child welfare

Under the Equality Act 2006 every public body is required to promote gender equality and eliminate sex discrimination. The "Gender Equality Duty" (EOC, 2006) places legal responsibility on public authorities to design and deliver its services in a way tailored to the needs of both women and men.

The previous government concentrated particularly on improving the inclusivity of universal services[43] issuing a stream of new policy initiatives across the public sector. These urge and require better father involvement against specific targets in maternity services (DOH, 2004), early years[44], children's centres (DOH, 2006), teenage pregnancy (DCSF, 2007b), education (DFES, 2004) and strategic planning (DFES, 2005, DFES, 2006, DFES, 2007). Accompanying the policy changes, a number of publications have appeared sharing best practice in engaging fathers (e.g. Daniel and Taylor, 2001, Burgess and Bartlett, 2005, FathersDirect, 2007, TFC, 2009). It is beyond the scope of this thesis to review the outcomes of these initiatives. However, the evaluation of one flagship project, Sure Start, demonstrated modest progress in achieving father inclusion (Lloyd et al., 2003). However, no comparable targets have been set for specialist services[45]. Father-inclusive policies have yet to become embedded in these sectors (Scourfield, 2001, 2003, Ferguson and Hogan, 2004, Page et al., 2008 p5).

It has long been recognised that the level of take up of child related services by men has been low. For example, Howe (1990 p30) found in a review of the first three years of a pioneering adoption support agency, that men comprised only four percent of service users. According to Neil et al.'s (2010 p66) adoption support study, "while about 60% of birth mothers and other relatives took up services, only 45% of birth fathers did so". Poor take up of services by fathers may be related not just to male attitudes but also to a lack of relevant provision

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[43] Corresponding to Stage 1 on Figure 5
[44] The Childcare Act 2006 requires local authorities to identify parents who are unlikely to use early years services and facilitate their access to such services.
[45] Such as those represented at Stages 3-5 on Figure 5.

and critical monitoring of services. The Commission for Social Care Inspection (CSCI, 2006 p19) found that adoption agencies do not monitor the take up of help and are poor at engaging birth fathers.

Missing fathers and lack of engagement

Research suggests that a lack of recorded information about fathers and a lack of engagement with fathers reflect a widespread attitude that fathers are not important to their children and as service users in their own right. Brown et al. (2009, see also Strega et al., 2008) in a study reviewing 116 Canadian child protection files, found that workers had deemed fathers "irrelevant" in 50% of cases and that social workers did not get in touch with 60% of fathers who were thought to pose a risk to the child. The study "revealed how little is actually known about the majority of fathers and how seldom they are engaged in the child welfare process" (Brown et al., 2009 p27). Dominelli et al. (2010) recount the struggles of some fathers of children in care in Canada to be taken seriously and involved in care plans for their children. O'Hagan (1997 p28), having observed child protection conferences, found that social workers focus almost exclusively on information gathered regarding mothers rather than their male partners with possible severe consequences for the child. Masson et al. (2008) noted that a number of fathers could not be identified and that information about fathers who were non-resident was sparse in the court and social services files.

Research evidence also addresses the comparatively high levels of fathers "missing" from the lives of children looked after and adopted. In a large study of young adopted children, Neil (2000 p308) found a dearth of information about birth fathers among social workers. There had been situations in which "agencies had known the identity of the father but had not tried to engage him in the adoption process or had been unsuccessful in doing so". In an action research project regarding children looked after, Masson et al. (1999) worked with 62 children and young people and their social workers to re-establish links with lost parents, usually fathers. Just over half of the children in the study had lost

contact with a parent before they came into care (p108). Masson et al. (p10) suggest, however, that "most parents could be found relatively easily". Some 59% of fathers who were missing were located in the course of the study. Social workers engaged in the project cited factors that discouraged them from seeking missing parents. Emergencies and high workloads intervened for some workers. For others, the organisational culture stressed the achievement of procedurally led targets. Time was not available to foster children's longer-term identity needs and relationships. Some confessed ignorance of searching techniques. Most workers accepted the value of the study for children, but a few doubted the wisdom of seeking out a possibly troublesome parent who could upset the child's stability (p115).

The researchers noted lapses in file recording that could have effectively severed a parental link. They found the context of a pressured working environment and organisational flux was sufficient in itself to explain failure to record full contact details. Frequent staff changes often resulting in a child's case becoming "unallocated" particularly disrupted links with fathers (p106-107). At a time when parents may need help to find a new parental role, organisational indifference to their presence or absence may suggest to them that they are insignificant for their children (Masson et al., 1999 p114).

Neglect of vulnerable fathers in child protection

Some writers detect deeper reasons why social services do not engage with fathers in the child protection. Masson et al. (1999) suggest that some social workers believe that "parents were bad" and that "state care is better"(p118). Greif and Bailey (1990) and Clapton (2009) reviewed fundamental theoretical writings, social work journals and social work guidance. They found that these sources often perpetuate negative stereotypes about men and fathers.

Scourfield (2003), in an ethnographic study of social work teams working in child protection, found that social workers commonly constructed fathers inconsistently in several distinct ways. Fathers may be seen as immaterial to the needs of the family (because they lacked parental responsibility or were

imprisoned, for example). Non-resident fathers might be seen as abandoning the family, perhaps obscuring the reality that a father was present but avoiding the attentions of benefits officials and social workers. Alternatively, men and women might be constructed as equally reprehensible in terms of their care of a child and involvement in domestic conflict. In contrast, fathers may be constructed as superior to mothers where mothers are seen to be failing their children. In addition, men were sometimes constructed as dangerous to their child, their partner or to social workers. A small qualitative study of the issues concerned with engaging men in child protection in Ireland (Ferguson and Hogan 2004 p8) found that prevalent professional fears of "dangerous" masculinities tended to prevent social workers, especially in the statutory sector, from attempting to engage fathers.

The lack of rounded assessment of fathers as risks or resources

> *Consider the strengths and potential of family members, as well as their weaknesses, problems and limitations (DOH, 1995b p14).*

Scourfield (2001) maintains that child protection practice is dominated by assessments of mothers who are seen as children's main carers. Social workers tend to spend relatively little time working with fathers. This lack of engagement and concentration upon the mother's role in relation to children, often obscured the reality of the male input.

Since fathers were seen either as risks or resources, as victims of social exclusion or perpetrators (Scourfield, 2003 p85), it is common in practice for them not to be assessed in a rounded comprehensive fashion as would be expected with mothers. This can result in risks to children from fathers being ignored (Brown et al., 2009). Alternatively, several researchers identify a trend in child protection practice to hold mothers responsible for domestic violence mostly committed by fathers, whilst failing to properly assess and engage fathers (O'Hagan, 1997, Stanley, 1997, Risley-Curtiss and Hefferman, 2003, Brown et al., 2009).

Some fathers' behaviour in a family may indeed be incompatible with children's welfare. Jaffee et al. (2003) in a large epimediological study of five year olds, found that where resident fathers engaged in "high levels of antisocial behaviour" children were more likely to exhibit conduct disorders (p109). Scourfield (2003 p86) concludes that "many men are a problem" to their children, their partners and to themselves. He suggests however that there are two related issues: the "dangerous" masculinities of this socially marginal group of men and how they become the subject of adverse societal construction.

One consequence of the gendered nature of child protection practice is that where serious child maltreatment issues are identified, risks from fathers are often managed by excluding the father from the family (Scourfield, 2001) rather than exploring the potential for repairing paternal childcare issues (Silverstein, 1996 p11). Scourfield (2003 p178) acknowledges that work with this particularly vulnerable group of fathers and their families requires intense investment in community or residential resources but argues that men's problematic behaviour in families should be seen as a focus of intervention rather than a reason for withdrawal of services. Vulnerable men should be challenged not just to learn new skills and tackle particular deficits but to experience a turning point in their identity as fathers (Ferguson and Hogan 2007 p10).

Most parents in Brophy's (2006 p22-23) study (and also those in Clifton, 2008) had been known to have profound issues affecting their ability to parent for years before. The conclusion of the Dartington Social Research Unit (DSRU, 1995) was that although heavy investment continues to be made in protecting children in the courts there is a lack of intensive, consistent service provision for the most vulnerable birth fathers (and mothers) which could enable them to achieve a turning point as parents.

Summary

The main contemporary route to adoption for children in care is via care proceedings, i.e. compulsory adoption. Birth fathers have rights within the current legal framework that their predecessors lacked but are unlikely to feel empowered as a result.

Birth fathers who lose children to adoption are likely to have multiple social, personal and health issues which impinge upon their ability to parent. Birth fathers, their partners and children are at the most vulnerable extremity of social services' children in need provision where care concerns for children have been so serious as to lead to children's removal in care proceedings. Birth fathers' low rates of take up of services appears to reflect a reluctance on their part and a lack of provision tailored to their needs and concerns.

Resident birth fathers are likely to experience social services as a powerful source of authority focused primarily upon their child's safety rather than upon them as individual service users. Birth fathers (especially those who are non-resident) still face hurdles to be recognised as legal parents that do not apply to birth mothers who have parental responsibility by virtue of giving birth to the child. Birth fathers who do not have parental responsibility and wish to take part in care proceedings face additional tests. As a result, only about half of non-resident birth fathers without parental responsibility achieve parental responsibility and can fully participate in their child's case. Those that do are disadvantaged because of the delay in according them party status.

Although some progress has been made in universal children and family provision to adapt services to the needs of fathers, this is less apparent in child protection and children looked after services. The engagement of fathers in child protection practice is not given priority. Although the dangerous masculinities of some birth fathers are a source of threat to their children and partners, birth fathers are constructed in negative ways hindering engagement, realistic

assessment and blocking the way to proactive interventions which could help these fathers to radically review their identity as men and fathers.

Chapter 3: Birth father experiences: clues from birth mother, birth father, and birth parent research

Introduction

As well as occupying a marginal place within the adoptive kinship network, birth fathers have also been marginal as research subjects. A few studies of birth mothers in the 1960s tended to focus upon the factors that informed their decisions regarding relinquishment for adoption (for example, Yelloly, 1965). However, in the UK, research into birth mother's experiences grew in the years following Triseliotis' (1973) study of the experiences of adopted people. Only later, did birth fathers become the subject of research. The number of research studies exploring the experiences of birth mothers greatly exceeds studies of birth fathers. There is only one main study of birth fathers in a UK context (Clapton, 2003). This study focuses upon birth fathers of children "relinquished" for adoption. Existing literature does not fully represent the experiences of current birth fathers whose children were compulsorily adopted. In this chapter, I review birth mother, birth father and birth parent studies, discussing what findings throw light on the position of current birth fathers and identifying gaps in current research.

Section 1: Birth mother research

I will deal with these studies thematically giving more weight to some studies because of their quality and their applicability to contemporary birth fathers.

Who were the birth mothers?

In most of the studies, birth mothers were young, poor and unmarried when their child was relinquished (Winkler and Van-Keppel, 1984). Mean ages tended to be in the late teens or early 20s (Deykin et al., 1984, Condon, 1986, Bouchier et al., 1991, Field, 1991, Wells, 1993, Hughes and Logan, 1993, Simone, 1996,

Christian et al., 1997b). The time elapsed between the adoption and data collection ranged from seven or eight years (Christian et al. 1997) to several decades in other studies. Most of the studies are from outside the UK. The main British studies were by Bouchier et al. (1991), Howe et al. (1992), Wells (1993), Hughes and Logan (1993) and Logan (1996).

Influential studies

Winkler and Van Keppel's (1984) study of the long-term psychological welfare of 213 birth mothers was particularly influential and methodologically robust, including a control group of comparable women and the use of previously validated standardised measures of psychological wellbeing. Bouchier et al.'s (1991) UK qualitative study was based upon in-depth interviews with 49 Scottish birth mothers. Howe et al.'s (1992) qualitative review of birth mother narratives was highly influential within the academic community and wider society.

Before the child's birth

Many studies lacked details of the birth mothers' backgrounds. Bouchier et al. (1991) reported that many informants described adverse childhoods. Many birth mothers were shocked to discover their pregnancy (Howe et al., 1992) and some tried to conceal it (Hughes and Logan, 1993). As the pregnancy became more difficult to hide, the women experienced increasing shame, guilt and isolation (Howe et al., 1992). Many described a growing bond of affection between themselves and the unborn child during pregnancy (Condon, 1986, Howe et al., 1992).

Birth father involvement during pregnancy

In Howe et al.'s (1992) narratives, birth fathers seemed to take little part. Some may not have been informed of the pregnancy; others abandoned the birth mother. A few birth mothers mentioned having supportive partners. Wells (1993) reported that one third of the birth mothers had a stable relationship with the birth father, half of whom wanted to keep the child. In Logan's (1996)

study, 20% of mothers were married to the child's birth father at some point. Christian et al. (1997) reported that 11% of birth mothers were in a current partnership with the birth fathers, whilst four percent of birth mothers were still friends with the child's father. In Wells' (1993) study, 9% of birth parents subsequently married and 9% of birth parents were still in touch with each other.

The adoption decision and its immediate impact

Howe et al. (1992) identified the critical role of the birth mother's parents in the pregnancy crisis. Most families were reportedly very negative about the pregnancy. Birth mothers were at risk of banishment to avoid family disgrace (Bouchier et al., 1991, Hughes and Logan, 1993). Although there were various factors influencing birth mothers to relinquish their child (including poverty, immaturity, single status) the most mentioned factor was pressure from family, reinforced by professionals (Deykin et al., 1984, Howe et al., 1992, Hughes and Logan, 1993, Wells, 1993). Birth mothers felt that they lacked information to allow them to make another choice; relinquishment was effectively forced upon them (Howe et al., 1992, Wells, 1993).

Some mothers were separated from their baby at birth whilst others were uncertain as to whether or not to see their baby (Howe et al., 1992). Birth mothers described being treated punitively. Many birth mothers were in turmoil but few received counselling concerning the adoption decision (Logan, 1996). Many did not want their child adopted and considered withdrawing their agreement (Simone, 1996). It was unclear to them what would happen to their child and with whom the child would be placed (Hughes and Logan, 1993). It was a traumatic, life changing experience and many mothers reacted with grief, distress and anger (Howe et al., 1992). The stigma of unmarried motherhood tended to force mothers into isolation. The lack of recognition of the kind of loss they were experiencing deprived them of appropriate mourning rituals (Millen and Roll, 1985, Howe et al., 1992). Isolation was compounded by feelings of shame and guilt and a compulsion to keep the existence of the adopted child secret, which hindered the formation of new relationships and families (Hughes

and Logan, 1993).

Complicated grief

Birth mothers felt profound grief, which, for many, remained unresolved. They thought about their children continually. This increased as time passed (Winkler and Van Keppel, 1984, Bouchier et al., 1991, Howe et al., 1992, Hughes and Logan, 1993, Wells, 1993). Hughes and Logan (1993 p92) recounted the birth mothers' continuing distress because their child, though still alive, had effectively "ceased to exist", removing their maternal connection. These experiences were so painful and intrusive that many mothers tried to stop thinking about their child (Hughes and Logan, 1993) a feeling conflicting with the mothers' continuing sense of parenthood (Bouchier et al. 1991, Wells 1993). Wells (1993) notes that, contrary to advice by relatives and professionals, birth mothers could not just forget their child and get on with their lives.

Grief resolution was more difficult when a child is relinquished for adoption because the grief is disenfranchised (Millen and Roll, 1985, Wells, 1993). Using a standard measure of grief resolution, Simone (1996 p72) found a significant correlation between unresolved grief and several factors: the perceived degree of compulsion in the adoption choice; feelings of shame and guilt; the disenfranchised nature of the loss; feeling uncertain about the outcome for the child; and a high level of reported search behaviour. She suggested that a high level of marital satisfaction and achievements occasioning pride were important protective factors against adoption related shame.

The continuing consequences of adoption

All the studies support Deykin et al.'s (1984 p278) conclusion that adoption has a "prolonged effect on subsequent life functioning". The mothers' psychological health was poorer than comparable controls (Winkler and Van Keppel, 1984). Birth mothers rated higher for depression (Condon, 1986, Bouchier et al., 1991) with a greater risk of chronically poor mental health. They were also at high risk of anxiety, migraine, asthma, self-neglect and obesity (Wells, 1993). Some mothers had sought professional help for mental health issues (Howe et al.,

1992, Wells, 1993, Logan, 1996). In Hughes and Logan's (1993) study, some 30% of informants had either self-harmed or considered doing so following their child's adoption. Logan's (1996) participants described intermittent depression as a common experience, with feelings of guilt, anger, sadness and continuing loss. Seventy five percent of the informants describe themselves as having a mental health problem. Twenty one percent had self-harmed; 7% had felt suicidal. These women's experiences were exacerbated by their perception that professionals were unsympathetic to their distress. Their loss could be easily be re-evoked by subsequent losses and other unfavourable life events.

The life circumstances of the birth mothers when interviewed varied from secure to lonely and chaotic (Bouchier et al., 1991, Logan, 1996). Subsequent partnerships were sometimes detrimentally affected by the adoption experience. Hughes and Logan (1993 p25) found that over one third of the participants reported "difficulty in making and sustaining relationships". Relationship difficulties were particularly evident where the birth parents had subsequently married (Deykin et al., 1984, Howe et al., 1992).

Although in one study (Wells, 1993), 71% of birth mothers went on to have further children, the experience of having a child adopted appears to have had a significant effect on birth mothers' subsequent fertility. Some speedily replaced the lost child (Howe et al., 1992) whilst others had higher rates of infertility or had no further children (Deykin et al., 1984). Some mothers reported that they were overprotective with subsequent children (Deykin et al., 1984, Condon, 1986, Wells, 1993). Some birth mothers remained angry with their parents for compelling them to relinquish the child (Howe et al., 1992, Wells, 1993, Logan, 1996).

Having information about the child, searching and meeting
Most mothers in the studies wanted information about their child's progress and photographs at each stage of the adoption. Some mothers received such information whilst others were left in limbo (Winkler and Van Keppel, 1984, Bouchier et al., 1991, Condon, 1986, Howe et al., 1992, Wells, 1993). Well-

informed mothers were reassured (Howe et al., 1992) and better able to manage the emotional pain of the adoption (Wells, 1993).

Feeling guilty and lacking information about the child's welfare drove some mothers to search for their child (Logan, 1996). In some studies, most mothers had attempted to obtain further information about or search for the child (Condon, 1986, Boucher et al., 1991, Wells, 1993). The search process had inherent difficulties. The search and reunion process was highly emotionally demanding (Logan, 1996). Some mothers were worried about offending the adopters or their child by seeking contact but also wanted to make their continued love known to their child (Howe et al., 1992). Hughes and Logan (1993) found that the search and reunion process could be helpful when successful. However, when unsuccessful, there was a risk of aggravating previous loss. Field (1991) found that about half of the participants had met their child again. Most were, on balance, pleased with the meeting even though for some, no continuing relationship resulted. Simone (1996) reported that 40% of mothers had met their child and that of those, 54% had found the experience helpful. Most of Wells' (1993) participants regretted the decision to place their child for adoption and said that they would not make a similar choice again unless there was greater openness and the possibility of contact with their child.

Support for birth mothers

Few birth mothers received support or counselling during the adoption process and its aftermath (Bouchier et al., 1991, Wells, 1993). Professionals failed to recognise the long-term significance of grief following adoption, or provide help enabling the mother to express her feelings without stigmatisation (Bouchier et al., 1991, Logan, 1996). Realistic support was particularly important to empower birth mothers who were considered searching (Field, 1991).

Section 2: Birth father research

This section summarises studies of the experiences of birth fathers whose children were placed for adoption. I place particular weight on the research by Clapton (2003) which is the only major study examining the experiences of UK birth fathers. Clapton's research focuses upon 30 UK birth fathers with children subject to stranger adoption as babies. The adoptions took place between 1954 and 1985 but mostly towards the end of the 1960s. At the time of the adoption most birth fathers were in their late teens -the age range was between 15–44 years (Clapton, 2001 p50). The median age at the time of interview was 50. The research sample was derived from fathers answering appeals in the post adoption press and through adoption support agencies. The sample is therefore likely to over-represent those fathers seeking contact with their child. Clapton conducted in-depth interviews with participants following a broadly chronological structure, then applying qualitative analysis to interview transcripts. The research has the following relevant limitations. Clapton's participants are not recent birth fathers and current birth fathers are more socially marginal. Although data was gathered in the late 1990s, the adoption practice described was from the 1960s or before. Moreover, Clapton's research does not deal with legally "compulsory" adoption although the earlier "relinquishment" adoption paradigm often involved degrees of compulsion.

Who were the birth fathers?

In most of the studies (Deykin et al., 1988, Cicchini, 1993, Triseliotis et al., 2005) the participants are predominantly middle-class, or employed in professional or technical occupations. Clapton's (2003) participants had more varied occupational, class and geographical backgrounds. Deykin et al.'s (1988) birth fathers were American; Cicchini's (1993) Australian; Clapton's (2003), Witney's (2004) and Triseliotis et al.'s (2005) were British. Most of the birth fathers were in their late teens or early 20s at the time of adoption although the upward age range tended to be higher than for mothers (Deykin et al., 1988, Cicchini, 1993, Clapton, 2003, Witney, 2004, Triseliotis et al., 2005). The period between

adoption and interview varied but was usually 10 years or more.

Awareness of the pregnancy

Most men were aware of their partner's pregnancy and the adoption that followed. In Cicchini's (1993 p9) sample, 87% of the informants were aware of the adoption as it was happening as were 83% of Clapton's (2003, p89) and 14/15 of Triseliotis et al.'s (2005) fathers. For most, the pregnancy was unplanned (Clapton, 2003). Witney (2004) reported that most men were shocked to hear the news. However, half of Clapton's (2007 p64) participants experienced early "feelings of fatherhood", some fathers shifting perspectives towards the possibility of parenthood. Some of Clapton's participants did meet, hold and feed their babies. Cicchini (1993) reports that 17% of his fathers had the opportunity to see or touch their baby compared to 36% of Triseliotis et al.'s (2005) participants.

Reasons for the adoption

Pressure from parents is mentioned as an important factor leading to the adoption (Clapton 2003; Witney 2004; Triseliotis et al. 2005). Other recurring factors are the birth mother's preference (Clapton 2003; Triseliotis et al. 2005), the inability of the relationship to sustain the task of parenting, being unprepared for parenthood (Deykin et al., 1988, Clapton, 2003, Triseliotis et al., 2005), social pressure and poverty.

Most of Witney's (2004) fathers felt excluded from decision-making, particularly by their partner's parents. The degree to which birth fathers felt they had been consulted seemed to influence their acceptance of the adoption. Fathers adequately involved in discussions about the baby's future were more likely to have accepted the adoption (Deykin et al., 1988). Of Cicchini's (1993) sample, only a third were happy with their level of involvement in the adoption decision. In Triseliotis et al.'s (2005) study, around a quarter described shared decision-making about the adoption with the birth mother but some felt excluded. Most said that they would have liked to keep the child although a substantial minority agreed with the adoption decision. The minority of Clapton's (2003) fathers who

wished to look after their children complained that they were ignored.

Encountering the adoption crisis

The adoption crisis and the following year constituted a period of major emotional turmoil for fathers (Clapton, 2003). Two factors deepened the crisis: meeting then parting from the child and the actual or threatened termination of their relationship with the child's mother (Witney, 2004). Fathers spoke of experiencing a range of tumultuous, sometimes conflicting, emotions: guilt and shame; a sense of failure, loneliness, social exclusion, concern about the child's future, fury directed towards self and others, but also some relief (Clapton, 2003, Triseliotis et al., 2005). Many fathers felt perplexed, helpless and immobilised (Cicchini, 1993, Clapton, 2003).

Many fathers expressed a profound sense of loss, comparable to bereavement, regarding their child's adoption. What distinguished the loss was its ambiguous quality, namely that the child, though lost to them, was living on elsewhere (Clapton, 2003, Witney, 2004). The experience of stigma, the absence of any accepted ceremony in which to contain and express grief all made the experience more painful (Clapton, 2003). Some fathers spoke of a sense of persisting guilt and loss (Triseliotis et al., 2005).

Reacting to the adoption crisis

Most birth fathers did not complain of depression (Triseliotis et al., 2005). How then, did they manage the feelings evoked by the adoption crisis? In Clapton's study, accounts of self-abusive behaviour including substance abuse and overdosing were common. Most of Cicchini's (1993 p91) fathers damped down potentially overwhelming emotions, found other diversions, assessing themselves "moderately to well adjusted" one year after the adoption. Most of Cicchini's informants told him that counselling would have assisted them although only one had received any. Most of Witney's (2004) fathers reported having little opportunity to access counselling.

Losing a child to adoption was, for many, an event which had had more impact than any other (Cicchini, 1993, Clapton, 2003). Most of Cicchini's fathers reported that their wellbeing was detrimentally affected. A minority of these fathers experienced continuing feelings of guilt and shame. Many of Witney's (2004) fathers indicated lasting damage to their self-esteem. Triseliotis et al. (2005 p322), however, found that most participants' emotional health was within normal parameters.

The concealed nature of the fathers' experience had particular implications. Their grief was disenfranchised (Witney, 2004). Many felt unable to tell people outside the immediate family the story of their loss (Cicchini, 1993). Clapton (2000a, p282) found that even those who had shared their story in outline, had suppressed its full significance:

> Some of the respondents reported that they had not shared with partners or wives the extent of their feelings about the adoption and child... Others said that they had never been able to recount the entire story until the interview.

Many birth fathers felt a continuing sense of connection to the child. The adoption left uncompleted business, expunging the physical presence of the child but not the child's emotional presence (Clapton, 2003, p150). Most fathers thought about their child frequently or constantly (Cicchini, 1993, Witney, 2004). When the child came to mind there was a continued feeling of fatherhood (Clapton, 2003). The adoption issue remained "conflict ridden" for most (Deykin et al., 1988, p247).

Birth fathers' relationship to birth mothers

Most of the birth fathers in several studies maintain that the relationship with the birth mother had been a committed rather than fleeting one (Clapton, 2003, Witney, 2004, Triseliotis et al., 2005). Accounts in the studies of long-term partnerships with birth mothers also sustain this perspective. In Deykin et al. (1988), 10% of the birth fathers were married to the birth mother at the time of the study and 44% had been married to the birth mother at some time. In Cicchini's (1993) study, 37% had married the mother at some stage. Triseliotis et

al. (2005) note that one fifth of informants went on to marry the birth mother after the adoption whilst Clapton (2003) notes that seven of his 30 informants had been in a continuing relationship although only two of these continued at the time of the interview. Many of Clapton's (2003) fathers were left with feelings for the birth mother, which resonated in their subsequent relationships.

The birth fathers' accounts of their involvement at the time of the conception and adoption varied significantly from some birth mother accounts. Clapton (2003) reports although many relationships ended as a result of the trauma of the adoption process, many of the birth fathers were very much involved with the birth mother in the process leading to adoption. Triseliotis et al. (2005) reported that few birth mothers received support from birth fathers during the pregnancy and immediately afterwards. Some birth fathers who admitted a degree of disengagement from their partners cited fear of rejection by their own parents, ignorance of the adoption process and sheer panic.

Birth fathers' later relationships

In Deykin et al. (1988) and Triseliotis et al. (2005) the impact of the adoption crisis on fathers' subsequent partnerships was varied. In Cicchini's (1993) study most of the participants had married although several had reported difficulties in committing to relationships following the adoption and the breakup with the birth mother. Clapton (2003) reported that most of his participants had suffered relationship separations. Certain factors contributed to relationship instability: participants' unresolved feelings regarding the child, the relationship with the birth mother and emotional withdrawal from intimacy.

All the cited studies state that most participants had fathered at least one further child (Deykin et al., 1988, Cicchini, 1993, Clapton 2003, Witney, 2004). Deykin et al. (1988) report that the youngest fathers at the time of the adoption tended to feel that the episode had damaged their subsequent experience of parenthood. Cicchini (1993) mentions that some fathers thought they overcompensated in their parenting of later children.

Searching for the adopted child

There is significant variation in the cited studies on the extent of searching activity by birth fathers. Deykin et al. (1988 p244) reported that 96% of those fathers had "considered searching" and that 67% said that they had actually searched. The great majority of Cicchini's (1993) fathers had either sought information about or contact with their child. Over half of Clapton's (2003) fathers had placed their names on the Adoption Contact Register but only five were actively searching. In Triseliotis et al.'s (2005) study, however, few fathers had heard of the provisions of the law relating to birth records or the Adoption Contact Register.

Cicchini (1993) found that many participants had, as they approached middle age, felt a greater sense of responsibility for both the child adopted and their ex-partner. A process of maturation informed their search intention and purpose. Triseliotis et al.'s (2005 p325) fathers wanted, above all, to establish a relationship with their lost child. Birth fathers' motivations appeared more varied in other studies: to check the child's welfare; to offer help; to satisfy curiosity; to establish a relationship with the child and also to assuage their continuing grief (Cicchini, 1993 p21, Clapton, 2003) and to restore their sense of self (Clapton, 2003 p187). Only Deykin et al. (1988), whose participants were members of a campaigning birth parents' organisation, give any prominence to the idea that birth fathers' searching activities may generally indicate an intention to reclaim their lost child. Cicchini (1993 p5) criticises this conclusion on methodological grounds citing his own findings that intent to reclaim was a weak motivation for search. However, for a few fathers, finding and attempting to impose a relationship on their lost child becomes an obsession. For example, Coles' (2004) book includes an autobiographical account of his continued attempts to meet with a son who was unwilling to meet him.

The outcomes of searches

In two studies (Cicchini, 1993, Clapton, 2003), most of the fathers had not met their children. In Triseliotis et al.'s (2005) study where the sample is heavily biased towards birth fathers that were sought by their adopted children, 14/15

fathers had met their children. Where a meeting had taken place, most fathers had found it life enhancing and also helpful in enabling fathers to share their adoption story. The relationships that resulted were more like friendships than father-child relationships (Cicchini, 1993, Triseliotis et al., 2005).

Section 3: Contemporary birth parent studies

This section reviews English studies of birth parents and compulsory adoption involving small numbers of birth fathers or birth parent studies where data was not separately analysed by gender.

The birth parent studies

Mason and Selman's (1997) sample in their qualitative study consisted of 16 birth mothers and five birth fathers. Charlton et al. (1998) interviewed birth parents who had used parents' adoption support groups. Their sample comprised 75% birth mothers, 12% birth fathers (the remaining 13% were couples). Neil (2007) investigated the impact of adoption on 72 birth parents and grandparents (13% of them birth fathers) six years after adoption. Neil et al. (2010) interviewed birth relatives at two points in time as part of a larger study of adoption support for birth families. Their sample included 19 birth fathers at time 1 (26% of the total sample) and 17 at a time 2 (29%). Most of the participants in the study were parents although a few were grandparents.

The birth parents' complex backgrounds

Charlton et al. (1998) recorded that their participants were likely to have a background of childhood disruptions, rejections and other significant losses. Neil et al. (2010) reported that many of the birth parents described multiple complex difficulties before the adoption crisis. These included partner difficulties, mental health issues, substance abuse, adverse childhood circumstances, criminal records and previous serious losses.

Birth parents owning problems but opposing adoption

The great majority of the parents in the studies did not agree that their children were at risk and required adoption. In Mason and Selman (1997) and Charlton et al. (1998), all parents opposed the adoption of their children. In Neil et al. (2010, p81) only 13% of parents agreed that the adoption plan was necessary for their children's future. Other parents varied in their response, some completely denying any difficulties in their family (10.1%); perceiving the childcare problem to be somebody else's responsibility (15.9%); acknowledging problems but denying harm to the child (23.2%); or accepting possible harm to the child but disputing the necessity of adoption (37.7%). This presents a more differentiated picture than that suggested by the studies cited in Chapter 2, Section 2 in which wholesale denial of significant difficulties by birth parents was common. In this study, however, approximately two thirds of birth relatives acknowledged that there were problems in their family, which impacted negatively on their children. The authors comment that:

> It is likely to be difficult for birth relatives to admit to all problems affecting their parenting, and even more difficult to acknowledge the full extent of their impact on their children. Denial, shame and guilt may influence their narratives and their acceptance of the adoption plan (p82).

The humiliation of child protection and court procedures

Parents felt pressurised to consent to the adoption. They found case conferences and reviews disempowering. They felt the lack of any supporter and some became upset and angry (Mason and Selman, 1997 p23). This experience carried over into the court hearings, which were seen as disturbing, antagonistic and fearful experiences (Charlton et al., 1998).

In court, parents felt that social workers' evidence blamed them for everything. They felt "publicly branded as bad parents" (Mason and Selman, 1997 p24), humiliated and betrayed by workers whom they had believed were friends but now appeared as opponents who shamed them by revealing sensitive and contentious information about their history (Charlton et al. 1998). Parents felt that the picture presented of them was unfair but their attempts to protest fell

on deaf ears. The outcome of the case appeared to be predetermined (Charlton et al., 1998).

The revelation that the social worker's paramount duty was to the child's wellbeing rather than the family's was felt as a terrible betrayal. This was exacerbated by the lack of support available for them in court (Mason and Selman, 1997, Charlton et al., 1998). Legal representation failed to fill this gap. Many saw their solicitors as lacking understanding of care proceedings and just going through the motions (Mason and Selman, 1997, Charlton et al., 1998). Whilst the court had moved on to considering the local authority's adoption plan, the parents, not realising that their battle was all but lost, still struggled desperately to present themselves as caring parents to whom the child should be restored (Mason and Selman, 1997, Charlton et al., 1998).

Disorientation and crisis

Parents were confused about the adoption process. They craved information about their children and felt ill informed by social workers (Mason and Selman, 1997). However, they found it difficult to concentrate upon the information they were given and to understand its implications for them (Neil et al., 2010). They were unclear about their child's legal status which itself felt shameful to them (Charlton et al., 1998 p39). Many birth parents came to an emotional crisis at different points during the legal proceedings: for example, when the child was removed; following their last meeting with the child; or at the time when the court endorsed the adoption plan (Neil et al., 2010 p100):

> Having already often been in difficulty before their child's removal, many birth relatives described how the removal of the child from their family precipitated intense feelings of confusion, anger and distress, often accompanied by erratic behaviours. At exactly the time when parents needed to be most together, they fell apart.

Birth parents experienced extreme personal agony compared by some to physical maiming (p85). A phase of personal turmoil ensued affecting most aspects of the birth parents' life and functioning.

Plummeting emotional and physical health and self-harming

Many parents felt utterly humiliated and worthless, guilty and hopeless about the future whilst being unable to cope with the demands of daily life (Charlton et al. 1998, Neil et al., 2010 p86). The studies report many negative indicators of emotional welfare: extreme depression; loneliness; flashbacks and troubling dreams about the child's removal (Charlton et al., 1998 p54). Panic attacks, agoraphobia, bad temper, restiveness, inability to eat and sleep properly and extreme emotional changes sometimes accompanied by aggressive episodes are frequently described. Some parents described how feelings of worthlessness led to self-harm, a risk amplified by the loss of a partner (Charlton et al., 1998, Neil et al., 2010). Later in the process, self-harming was sometimes associated with anniversaries of key events (Charlton et al., 1998). Parents often "self medicated" by abusing various substances, found sleep difficult, lost weight and suffered other somatic symptoms (Neil et al., 2010).

Being trapped in unresolved grief

Many birth parents compared the adoption loss to bereavement (Charlton et al., 1998, Neil et al., 2010). Echoing the findings birth mother and birth father studies, parents mentioned the unresolved nature of the grief in which they were left continually obsessed with their child's welfare (Neil, 2007, Neil et al., 2010). Some parents reproached themselves that they might have done more to prevent the child's adoption. Internal accusations were paralleled by increased sensitivity to negative attributions by others. The feeling of being set apart, held responsible, shamed and stigmatised complicated grieving (Charlton et al., 1998).

This unresolved grief was manifested variously by different parents. Some could not move beyond their own memories of their child at the age when last seen to encompass the idea of their child growing up (Charlton et al., 1998, p52). Some parents memorialised each detail of the child's pre-adoption life. Others fled their homes attempting to leave painful events behind them (Charlton et al., 1998, p56). Parents commonly described trying to keep track of their child's

progress by monitoring children of the same age, looking for their child when in the presence of other children and apparently "sighting" their child. Feeling uncertain that their child would ever return as adults, some parents succumbed to recurring episodes of yearning and despair (Charlton et al., 1998). Neil (2007) proposed a threefold typology distinguishing between birth relatives who were able to accept the child's adoption, those who were depressed or withdrawn, and those who were angry and oppositional.

Birth parents' involvement in adoption planning and contact

Some parents in Mason and Selman's (1997) study were involved in choosing an adoptive family for their child and were well informed about the child's progress, but in Neil et al.'s (2010) study none felt that they had any real influence regarding the choice. Charlton et al.'s (1998) parents found themselves torn between recognising the adopters for their child's sake or to opposing adoption so that their child would not feel rejected (Charlton et al., 1998). A few birth parents felt so irate with the adopters for taking their child that they refused to meet them. Almost half of Neil et al.'s (2010) parents wanted to meet the adopters. Those that did felt better about the adoption outcome as a result.

Birth parents in two studies (Mason and Selman 1997; Neil et al. 2010) preferred face-to-face to written contact. A few of Neil et al.'s participants and most of Mason and Selman's expressed dissatisfaction about lack of contact plans. A minority enjoyed face-to-face contact but the most common pattern was for letterbox contact. Charlton et al.'s (1998 p2) participants generally felt that contact arrangements did not allow them to make any continued contribution to their child's life.

Birth parents appreciated social workers who kept them in touch with their child's news (Neil et al. 2010). All of the studies noted the benefit birth parents felt from continuing contact, especially when the adopters took a more inclusive attitude and sent photographs of the children and children's drawings (Charlton et al., 1997, Neil et al., 2010). Neil et al. (2010) commented that contact, especially written contact, was difficult for some birth parents to sustain and

required ongoing support. A feeling of being in contact allowed parents to retain a sense of themselves as parents and to manage the pain of adoption loss.

Issues about social workers and support

All the studies emphasise the traumatic nature of compulsory adoption for birth parents. Mason and Selman (1997) and Neil et al. (2010) both report parents as saying that social workers fail to understand the level of distress the adoption crisis caused them. The most valued social worker qualities were transparency, frankness without enmity, being obtainable and compassionate (Charlton et al., 1998, Neil et al., 2010). Regarding adoption support, parents need empathetic listeners at the time of their crisis and after. Supporters should be independent of local authorities (Mason and Selman, 1997). Neil's (2007) "resigned" group of birth relatives were passive and lacking initiative in relation to adoption support, whereas her angry relatives group were unlikely to trust services associated with the child's loss or accept any offer of therapy. Neil et al. (2010) predicted that support needs would vary from person to person and at different stages in the process: perhaps more practical at first, with the possibility of therapy at a later stage.

Charlton et al. (1998) noted that many birth parents have other children they are struggling to look after and were worried that future children would be removed from them. Birth parents are often dropped from social workers' caseloads after the child's adoption but require continuing proactive help to succeed with subsequent children (Clifton, 2008, Neil et al., 2010).

Summary and discussion

The research suggests many similarities between birth fathers and mothers and between parents who "relinquished" children and those whose children were removed. Among these are:

- The extreme impact of the adoption crisis at the time of adoption and subsequently;

- Antagonistic feelings towards those pressing for the child's adoption and a feeling of having had little or no choice in the matter;
- The experience of adoption as a bereavement complicated by ambiguity and disenfranchisement;
- Feelings of shame, guilt and stigma;
- The feeling of still being a parent and the child's continued presence in their lives;
- The importance of the relationship between the birth parents and any subsequent partnerships;
- Dilemmas around future contact with the child and whether to search;
- The likelihood of continuing negative consequences for relationships, health and wellbeing.

Research suggests that most birth fathers continue to care deeply about their lost children although those feelings may be manifested in various ways. What may be distinct about birth fathers (compared with birth mothers)? Here I discuss two significant differences from the literature.

Birth fathers tended to be marginal in respect of the adoption crisis

Some are apparently marginalised through the actions of other people (for example, birth mothers and their parents in "relinquished" adoptions or social workers in compulsory adoptions). Others have left their partner or child or were never part of their daily lives to begin with. The birth mother and birth father literatures provide us with different perspectives on the question of whether earlier birth fathers abandoned their responsibilities or whether their immature and ineffectual attempts to hold together essentially committed relationships were swept aside by the adoption crisis.

The later fathers included in the birth parent literature resemble the fathers in care proceedings reviewed in Chapter 2, some of whom were resident and were probably humiliated by the experience of care proceedings, but most of whom were either living apart but in touch or completely out of touch. Whether "relinquished" or compulsory adoption is under consideration, most birth

fathers seem to have played a marginal role, though some were at the edge of the family drama and some at the epicentre.

How do birth fathers manage adoption related emotions?

The literature suggests a tendency for fathers to handle adoption related emotion distinctively compared with mothers. Fewer fathers complain of depression or "mental health" problems. Instead, overt emotion can emerge as outwardly directed anger (e.g. Scourfield, 2003). Some fathers describe immersing themselves in work putting their child to the back of their minds and effectively "parking" their feelings about the adoption (Clapton, 2009, personal communication). However, substance abuse, physical health problems, self-harming, subsequent difficulty in parenting and sustaining relationships are common in their accounts. This suggests a greater tendency for some fathers to enact and somatise emotion.

Finally, what is distinct about current birth parents compared with "relinquishing" birth parents? Birth parent studies suggest that the level of pressure and stigma experienced by birth parents of children compulsorily adopted from care has intensified the distress occasioned by the adoption process. Moreover, as Chapter 2 demonstrates, contemporary birth parents are already a more vulnerable group of people with multiple personal issues. Although there are many similarities between birth parents in "relinquishment" and compulsory adoption situations, the latter manifest a greater sense of helplessness.

This review of birth parent literatures demonstrates that although much is known about the general effects of the adoption process on birth parents over the life course, far less is known about birth fathers and, in particular, the current more vulnerable group of fathers who may have been subjected to the humiliating experience of compulsory adoption. Further research is required to extend birth father research to investigate current birth fathers. The literature review reveals a number of possible factors which may influence current birth

fathers' ability to recover from the adoption crisis and claim a continuing constructive role in their children's lives including-

- How these fathers manage their emotions and identity in relation to the recurring issues of loss, stigma, shame and guilt;
- Whether the management of emotion by birth fathers is informed by gender or fatherhood aspirations;
- The centrality or marginality of the birth father in the adoption crisis;
- The extent of birth father involvement in adoption planning;
- The existence and quality of contact and acceptance of "dual connection" (Neil et al., 2010 p149);
- The extent and quality of continuing relationships with the child's birth mother;
- The quality of current partner relationships; and
- The possibility of accessing help and sharing the experience with others.

The final literature review chapter therefore examines research and theory to inform my investigation regarding the key issues of loss, stigma, shame and guilt, fatherhood and gender in contemporary birth fathers' lives.

Chapter 4: Exploring themes from the birth parent research

Introduction

This chapter explores topics significant to birth father experiences arising from the literature reviewed so far. Section 1 considers grief and its complications. Section 2 reviews the management of stigma. Section 3 concerns the "social emotions" of guilt and shame. Section 4 explores the meanings and expectations of fatherhood for birth fathers. Section 5 considers theories of masculinities applied to birth fathers. These themes are summarised and discussed. Section 6 recapitulates key findings from the literature review and identifies key questions to focus the investigation.

Section 1: Birth fathers and complicated grief

The research shows (see Chapter 3) that having a child adopted is usually a painful experience for birth parents which they often compare to bereavement (Shawyer, 1979). Grief is not occasioned just by bereavement. Any major loss which has lifelong consequences, throws every supposition about the future into question and requires multiple adjustments may cause grief (Parkes, 1993). There is no universal definition of grief processes since these are created and sustained in particular cultures and communities. However, researchers have described the "grief work" which normally follows major loss. The grieving person is faced with acute emotional and cognitive readjustments. Intense emotions of sadness, loss, anger and despair are often encountered and reviewed. The lost person is recollected, and day-to-day adjustments to living necessitated by the loss are made. Usually, grief work following loss is a natural process, negotiated within the person's own networks of support (Stroebe et al., 2007 p1969), and not requiring therapy (Stroebe et al., 2005). However, even

"normal" grief often has wide ranging emotional, physical and cognitive effects on grievers for a period of time (Stroebe et al., 2007).

The difficulty of grief work depends upon the significance of the loss, whether the loss was anticipated and the level of support available (Parkes, 1993). Sudden loss, the existence of conflict and pain surrounding the loss and the closeness of relationship (the loss of children has particular impact) are likely to complicate grieving. These factors predict powerful and chronic negative emotions, difficulty in functioning socially and detrimental health outcomes including raised mortality risk (Stroebe et al., 2007).

Ambiguous loss

Grief work may be chronic and irresolvable where a loss is ambiguous (Boss, 1977, Boss et al., 1987, Boss et al., 1990). Ambiguous loss denotes situations in which the lost person is either at hand but unavailable or is physically missing and their welfare and whereabouts are unknown (as is usually the case with an adopted child) but is still felt to be psychologically present (Boss, 1999, 2007). Ambiguity as to whether the lost person still belongs to the griever typifies the experience. The griever may feel debilitated, perplexed as to the continued significance of the lost person and vulnerable to events beyond his control (Boss, 1999 p24). Internal pressure to wrest meaning from uncertainty can lead a person to take what Boss calls the "family gamble" (Boss, 1999 p93). Individuals may feel forced to choose between living their lives as if the lost person will be permanently absent or, alternatively, clinging to the hope of their return. Whatever the choice, the resolution of loss is obstructed and grief complicated.

Fravel et al. (2000) applied the concept of ambiguous loss to a study of US birth mothers and found that where birth mothers could actually see and interact with their child directly they experienced a stronger and more positive sense of the child's presence in their day-to-day lives. They also experienced more confusion about their role for their child.

Disenfranchised loss

Ambiguous loss exemplifies what Doka (1989 p3) called disenfranchised grief, which occurs when people "incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported". Disenfranchisement occurs when the bond with the lost person is not communally legitimated. For example, a birth father who is only the "putative father" may not be recognised as a parent entitled to grieve. Disenfranchisement may also occur when the person suffering loss is delegitimised. For example, others may disallow the grief of a vulnerable birth father regarding their child's adoption because of their perceived behaviour or lack of involvement.

People undergoing disenfranchised grief often lack the opportunity for ceremonies of parting and affirmation by others. Their grief work is often complicated by helplessness, rage and shame (Doka 1989). Shame is present because disenfranchised grief is a social phenomenon, not just an emotional one: disenfranchised grievers are humiliated by the grieving rules of the majority (Reynolds, 2002). Writing from a psychoanalytic perspective, Kaufmann (1989 p26) suggests that public rejection of the griever's loss causes some people to disallow their own feelings and become "self disenfranchised… by one's own shame".

Gender differences in loss

A number of bereavement studies show distinct differences in grieving style and outcome between men and women. For example, Stroebe (1998 p10) reports that men's grieving tends to favour "restoration" activity, i.e. engagement in practical tasks needed to readjust. Men tend to neglect the emotional aspect of grief work. There is also evidence that men see it as their role following bereavement to be strong for others (Cook, 1988, McCreight, 2004).

In Schwab's (1996 p109) study using a standard measure, "mothers reported more intense grief than fathers" and tended to express these feelings openly. In contrast, men keep "often cognitive and solitary" thoughts of loss in check (Cook 1998 p285). Writing from her clinical perspective, Levang (1998 p15) comments

that many men lack the appropriate idiom to express grief and attempt to bury their feelings. However,

> These emotions just express themselves in other, indirect avenues. Addiction, abuse or other destructive behaviours make poor substitutes for the work of grieving. (p12)

Research represents men as at greater risk of depression, mental illness, self harm and death following bereavement (Stroebe, 1998, Stroebe et al., 2001). Stroebe (1998, Stroebe and Schut, 1999) suggests that grieving is most adaptive when individuals continually move backwards and forwards between restoration tasks and openness to emotion. One possible reason for better outcomes for women is that whereas the outside world pulls them away from emotional expression to achieve restoration tasks, the converse does not happen for men (Stroebe et al., 2001 p 78). McCreight (2004) observes that professionals may not be attuned to men's grieving styles, further isolating men in their loss.

The value of continuing bonds

Although people require a period of adjustment when a serious loss occurs, research indicates that many continue their previous life pattern, maintaining a relationship with the dead person and experiencing them as present (Silverman and Klass, 1996, Stroebe et al., 1996). Davies (2004), reviewing the literature, found increasing consensus that parents should be encouraged to maintain "continuing bonds" with lost children rather than attempting to extinguish their attachment.

Section 2: Managing the stigma of birth fatherhood

Defining stigma

The literature depicts contemporary birth fathers involved in care proceedings as a stigmatised group of men (Chapter 2, Section 2). Stigma is "an attribute that is deeply discrediting" (Goffman, 1990 p13). In the eyes of others, a stigmatised person's identity is defective and diminished; he is "not quite human" (Goffman,

1990 p15). Stereotyping people on the basis of their apparent attributes is an unavoidable human activity (Dovidio et al., 2000, Loseke, 2008) and is not always negative (Biernat and Dovidio, 2000) but includes the possibility of marking out people with disgraceful attributes. When this occurs, stigmatisation is both a cognitive and affective way of organising data about people (Dovidio et al., 2000). Those whose defect is apparent may be "discredited"; those with unknown stigma are "discreditable" in the sense that they face disgrace if their defect is discovered (Goffman, 1990 p14).

Stigma and exclusion

Stigmatisation implies not only that individuals feel rejected but that power imbalances exist to enforce social disadvantage (Goffman, 1990 p15, Campbell and Deacon, 2006). Aikins (2006) argues that stigma can lead to poverty and social exclusion in turn reinforcing stigma. Institutionalised stigma can become entrenched and hard to challenge (Biernat and Dovidio, 2000). In the case of each group of stigmatised people, it is necessary to ask how they are stigmatised, by whom, in which contexts and to what effect (Link and Phelan, 2001). Those whose stigmas are visible, and those perceived to be responsible for their stigma attract most opprobrium (Jones et al., 1984, Corrigan et al., 2009). People facing multiple stigmas find it harder to pass as acceptable members of society, increasing their chances of suffering tangible disadvantage (Shelton et al., 2010). Indeed, birth fathers involved in care proceedings often have multiple problems which may attract censure and may be publicly stigmatised when held responsible for child maltreatment.

Strategies for managing stigma

Stigmatisation's effects on individuals or groups is unpredictable. Goffman foresaw that "shame becomes a central possibility" for marked individuals (1990 p18) but subsequent research shows that stigmatisation does not necessarily result in poor self-esteem. Stigmatised people devise strategies for self-protection (Crocker and Major, 1989, Barreto and Ellemers, 2010). Even within clearly stigmatised groups, individuals may feel exempt from stigma (Crocker

and Quinn, 2000). What determines emotional harm is the individual's "cognitive appraisal" of an encounter as a threat (Miller and Kaiser, 2001 p89).

A person may respond to stigmatisation by avoidance or defensiveness or by attempting to correct the perception of others. His efforts to counter stigma may tend to confirm his defective status (Goffman, 1990). People cope with the stresses occasioned by stigmas in individual and context specific ways. Strategies might include disinvestment in a particular role, blaming the perpetrator of the stigma (Miller and Major, 2000) or attempting to pass for an unstigmatised person (Han, 2009). Offenders in Presser's (2004 p82) study used narrative to "construct identities in order to resist social problems designations" as did mothers not living with their children in Kielty's (2008) study. These stories served to neutralise attributions of moral failure. Several studies point to the identity and mental health risks of concealing stigma (for example, Cochran et al., 2003, Pachankis, 2007) and the benefits for those with concealed stigmas in disclosing their stigma to others, assuming that this results in acceptance and support (Beals et al., 2009, Barreto and Ellemers, 2010), findings which are relevant to those offering adoption support to birth fathers.

Section 3: Birth fathers and the social emotions guilt and shame

The emotions guilt and shame are ubiquitous in the findings from birth mother, father and parent research (Chapter 3) although no attempt is made to distinguish these emotions and their implications. However, researchers have established in an extensive literature an important distinction between shame and guilt which is significant for our understanding of birth fathers' experiences.

Shame as a key social signal

When adversity occurs in life, humans typically try to account for what went wrong, attributing failure to an internal cause (ourselves) or external causes (Weiner, 2010). We feel guilt or shame, the emotions of self-censure, when the cause of what went wrong is judged to be internal (Tangney et al., 2007). These

influential "social emotions" are never far from experience (Tangney and Dearing, 2002). Scheff (2003) argues that shame is the most important emotion in day-to-day social life since its presence warns that anticipated social relations are threatened. When people are communicating successfully each person will feel socially affirmed. When communication is unsuccessful they will experience some degree of shame (Scheff, 2005). In that case, when communication is repaired, relationships are consolidated. Where shame is not recognised, relationships are disrupted (Scheff, 2003).

The invisibility of shame

Although shame is pervasive, in Western societies it is rarely acknowledged as such. Shame is potentially shameful to mention (Scheff, 2003). As Lewis (2003, p1187) states: "Shame is like a subatomic particle. One's knowledge of shame is often limited to the trace it leaves". However, linguistic analysis methods developed by Lewis (1971), Gottschalk and Gleser (1969) and Retzinger (1995, Retzinger and Scheff, 1997 p82) have found frequent markers for shame in discourse.

Lewis (1971), analysing psychotherapy transcripts for emotional markers, found that shame was the most common emotion, although rarely acknowledged. Angry outbursts by a counsellee were invariably preceded by an account of a humiliating experience. The birth parent studies cited in Chapter 3 commonly include deeply felt complaints by parents of grossly inhumane treatment by social workers during the adoption crisis. Parents rarely complain of being shamed (to do so may only increase shame). However, applying the linguistic analysis methods cited above, it is possible that their discourse would be found to be rich in shame indicators.

The shame/ guilt distinction

Previous attempts to distinguish shame from guilt on the basis of openly revealed as opposed to private experience have been found unsatisfactory (Tangney et al., 1994 cited in Tangney and Dearing 2002, Tangney et al., 1996, Tangney and Dearing, 2002) as have proposed distinctions based upon the kind

of event, the moral "wrongness" of an action or a person's degree of responsibility for what happened. People have been found to experience shame and guilt about all sorts of circumstances (Lewis, 1971, Tangney and Dearing, 2002, Tracy and Robins, 2006). What does distinguish shame and guilt is the emphasis upon the wrong action committed (in guilt) as opposed to the unworthy self (in shame). The two emotional occurrences are discrete in emotion, thought process and outcome (Lewis, 1971, Tangney and Dearing, 2002, Tracy and Robins, 2006). Guilt typically centres on wrong behaviour, not the person's core self (Tangney and Dearing, 2002 p19) or as Lewis (1971 p424) put it: "Shame is about the self; guilt involves activity of the self".

The implications of shame or guilt

Guilt is painful, but not usually as painful as shame. A guilty person wishes they had not committed an act, feels compunction and seeks to make amends (Tangney and Dearing, 2002 p19). However, shame is an excruciating emotion leaving people feeling acutely diminished, vulnerable, "overwhelmed and paralyzed" (Tangney and Dearing, 2002 p18). Shame is a threat to the integrity of the self. The unworthy self becomes the focus of consciousness rather than the repairing of relationships (Lewis, 1971 p41, Tangney and Dearing, 2002 p64). Being criticised for child maltreatment would be a painful experience for anyone. However, the extreme emotional crisis following care proceedings that the birth parent literature describes suggests that many parents experience it as an attack on their core identity. According to social emotions theory this suggests a preponderance of shame rather than guilt.

Shame and guilt proneness and their outcomes

Individuals typically tend towards either guilt or shame proneness when faced with adverse events (Tangney and Dearing, 2002). Several studies draw attention to the likely correlation between adverse parenting experiences in childhood and an enhanced risk of shame proneness (for example, Gilbert et al., 1996, Feiring and Taska, 2005, Negrao et al., 2005, Stuewig and McCloskey, 2005). Dweck et al. (1993) found that shame prone people are likely to believe that their essential personality is inflexible whereas guilt prone people believe

that they can adapt. There is preliminary evidence that shame experienced as an acute threat to the self is implicated in altered immune responses, increased cortisol levels, and heightened cardiovascular activity (Gruenewald et al., 2004, Dickerson et al., 2004). Shame prone people are also at greater risk of socially problematic behaviour including substance abuse, criminality and self-harm (Hastings et al., 2000 p135, Tangney and Dearing, 2002). Shame does not discourage antisocial activity. Instead, the shamed person's "hopelessness and despair" (p136) predisposes to socially and personally destructive outcomes (Tangney, 1994). In the previous two chapters, I have set out the findings of research that show that birth fathers are highly likely have multiple difficulties. Many have experienced problematic relationships since childhood. This suggests that birth parents may be at greater risk of shame proneness with its possible negative outcomes.

Responding to shame by anger or withdrawal

People manage the pain of shameful feelings in two main ways. In "undifferentiatiated" shame (Lewis 1971 p431), the intense, unpleasant emotion is not recognised as shame and may transpose into depression accompanied by withdrawal from social relationships to attempt to hide the "horrible self from the view of others" (Tangney and Dearing, 2002 p92).

Alternatively, distress may not be apparent, the subject may avoid the source of shame and "bypass" the emotion by transposing it into anger against persecuting others (Lewis, 1971, Scheff, 2003 p257). In doing so, the shamed person shifts blame to others, thus protecting the vulnerable self from awareness of being shamed. Identifying an external source as responsible is an attractive option. The sense of being "in the right" provides an emotional boost, restoring a person's sense of self-efficacy in relation to his social world (Tangney and Dearing, 2002 p93).

Anger, shame and guilt

Research shows that anger is generally a beneficial emotion in social situations (Averill, 1982). Guilt prone people are more likely to manage anger

constructively, reducing conflict by accepting anger as an opportunity for improving understanding and boundaries in relationships (Leith and Baumeister, 1998, Tangney and Dearing, 2002). However,

> … shame prone individuals are not only more prone to anger, in general, but they are also more likely to do unconstructive things with their anger, compared with their less shame prone peers. (Tangney and Dearing, 2002 p104)

Shame prone people's anger may lead to aggressive, malicious and confrontational action towards others. Alternatively, anger may be turned inward in self-harm or preserved as chronic pent up resentment. Relationships may be damaged either by active aggression or passive withdrawal. Whereas experiencing guilt assists people to focus outward in empathy with other people, shame prevents compassionate consideration of the needs of others (Tangney, 1991, Leith and Baumeister, 1998, Tangney and Dearing, 2002). In cases of extreme and chronic humiliation where resolution of the feelings is impossible and awareness of shame is bypassed, recursive shame/ anger loops may be set up. Negative emotions reinforce the pain of the original shame experience driving the individual deeper into an inescapable whirlpool of emotion (Lewis, 1971). Scheff (2003 p737) suggests that-

> …two kinds of shame spirals give rise to two different paths: withdrawal and silence (shame/shame) and anger, aggression and violence (shame/anger).

Entrapment: an emotional intensifier

The basic dilemma discussed in this section is how the guilt and shame are engaged when people censure themselves. The guilt prone attempt to repair the situation. The shame prone become angry or withdraw. In evolutionary psychology terms, this resembles the impulse to fight or flight. Evolutionary psychologists claim that this emotional dilemma becomes intensified in situations which are described as "entrapment". Entrapment is-

> …defined as the inability (or perceived inability) to get away from an aversive environment after one has suffered a defeat, loss or humiliation. (Williams et al., 2005 p72)

This state has been linked in studies with feelings of mortification and despair (Gilbert and Allan, 1998), depression (Brown et al., 1995), self-harm (Williams et al., 2005) and an increase in anger (Allan and Gilbert, 2002). Birth fathers in care proceedings feeling defeated and humiliated by interminable socio-legal procedures and yet unable to flee their persecutors may be vulnerable to experiencing entrapment which may intensify shame.

Gender and social emotion

According to Tangney and Dearing (2002 p153-4) summarising a number of studies, women "consistently report greater shame and guilt than their male counterparts". However, the sources of shame for men and women tended to be distinct:

> ...men are most often shamed by putdowns, rank issues, and other social status threats. Women are more often shamed by threats to attachment bonds. (p160)

Furthermore, men's and women's behaviour when shamed may be distinct. Tangney (Tangney, 2000 cited in Tangney and Dearing, 2002) found in her study of heterosexual couples managing conflict, that both genders reported shame driven anger but that men engaged in more overt aggression to their partners, whilst women more frequently internalised their anger. This finding is supported by Lively and Heise (2004 p1129) who, in a large survey aimed at mapping the interplay between emotions, found that there is a significantly stronger correlation between shame and anger for men than that for women. According to the therapists Osherton and Krugman (1990), shame prone men facing personal difficulties have additional obstacles to overcome. Seeking help is "humiliating" (p328), "a public admission that they couldn't do it by themselves", offending traditional male expectations of independence. Consequently, shame prone men tend to enact shame driven anger in therapy (p331).

Section 4: Meanings and expectations of fatherhood for birth fathers

Contemporary expectations of fatherhood

Fathering (other than begetting) is a "social construction" as evidenced by significant changes in expectations and performance of fathering the decades since World War II (Doherty et al., 1998 p278). The undermining of the previous patriarchal model of fatherhood has led to radical questioning as to the purpose of fathers in family life (O'Brien and McKee, 1982, Williams, 1988). Their fatherhood aspirations are likely to be shaped by personal biography, partners, children, extended family, social and community institutions and economic conditions (Lewis and O'Brien, 1987 , Doherty et al., 1998 p278). Fathers lack a predetermined script for how they should behave in families, making fathering "uniquely sensitive to contextual influences" (Doherty et al., 1998 p289). The context for marginal fathers such as birth fathers is rarely favourable for developing a coherent father identity.

In the late 20th Century, an overt moral dimension in contemporary fathering has appeared in response to perceived failures by some men to act responsibly as fathers (Doherty et al., 1998 p278). A "responsible" father, whether resident or non-resident, is expected to wait to procreate until prepared; establish his paternity; and share continuing care and financial support of their child with the child's mother (Levine and Pitt, 1995 p. 5-6). Contemporary fathers are also expected to be emotionally available to their children and relate successfully with their child's mother (Lupton and Barclay, 1997 p146, Doherty et al., 1998 p279). In recent decades a "search for the phenomenology of fatherhood" (O'Brien, 1992 p73) and how men manage fatherhood expectations has been recognised. Research shows that fathers are aware of a range of societal expectations. Barclay and Lupton (1999, p1013) conclude that "contemporary western society requires men to be simultaneously provider, guide, household help and nurturer" whereas Townsend (2002 p2) in his study of American

fathers found a requirement for "emotional closeness, provision, protection, and endowment."

Aspiring to fatherhood ideals

For many Western men getting married and becoming a father are bundled together (Furstenberg and Cherlin, 1991). Townsend (2002 p2) found that men perceived their life choice as a-

> ...package deal in which having children, being married, holding a steady job, and owning a home were four interconnected elements.

Many of Townsend's (2002) fathers spoke of conflicts between these requirements reflecting a struggle that many men have in performing the fatherhood ideal (Doherty et al., 1998 p278; Townsend, 2002 p50). For example, some men who have a distant relationship with their partner find themselves distanced from their child (Cox et al., 1989, Cummings et al., 2004). Fathers who seek close involvement in their child's care often experience tensions between their provider and carer roles (Henwood and Procter, 2003).

Marginal fathers and unattainable fatherhood ideals

Contemporary fatherhood ideals are hard to attain for all fathers but research shows that marginal fathers face additional obstacles. Men striving for survival often feel unprepared for fatherhood (Roy and Lucas, 2006). Edin et al. (2004) showed that many low-income parents wish to marry. They may not do so because of financial insecurity, fear of divorce and mothers' uncertainty that they can trust fathers to be stable partners. Cabrera et al. (2008), analysing data from a large US longitudinal study, found that low-income fathers are less likely to be able to maintain their commitment to their children over time. Being unable to provide for their child and partner was found to be a major obstacle to fatherhood for young fathers (Marsiglio and Cohan, 1997, Marsiglio and Pleck, 2005). Research into imprisoned fathers shows that incarceration radically obstructs prisoners' involvement with their children, undermining their self conceptions as good fathers (Arditti et al., 2005, Clarke et al., 2005). Many birth fathers will have difficulty meeting fatherhood ideals because of their low socio-

economic status, vulnerability to various social problems and fragile partnerships.

Doing fatherhood anyway: The ambivalent attraction of fatherhood for marginal men

Given the adverse conditions they face, why do marginal men have children? A recent important qualitative study, involving in-depth interviews with a large sample of low-income American men, has yielded a helpful typology of the procreative intent of marginal fathers (March-Augustine et al., 2009). Four types were identified:

- "Accidental" conceptions in fleeting sexual encounters in which the father believed his partner was using contraception.

- Conceptions where the father was "just not thinking" characterised men who were well aware of a pregnancy risk, made no attempt at contraception and appeared focussed on sexual gratification. "Just not thinking" tended to co-occur with other male high-risk behaviour and tenuous partner relationships in which men distrusted their sexual partners. Although these men declared themselves unprepared for fatherhood, paradoxically, most welcomed the pregnancy. The participants often shared turning point narratives, in which the father portrayed himself as jolted into action by the child's birth and striving to move towards the ideals of responsible fatherhood. Over half the fathers in the sample were in this group.

- "Unplanned but not unexpected" included situations in which no contraception was attempted but where the father was open to possible conception, there was a less fragile partner relationships and greater financial security.

- "Planned" conceptions in which a deliberate attempt was made by both partners to conceive was typical of more settled partnerships with more

economic security. Only 15% of conceptions in the sample were in this category.

The authors concluded that, "in general, relationship stability, economic security, and fully intended fertility go hand in hand." (p111). The findings related to the "just not thinking" group elaborates those from Marsiglio (1993) who found that young disadvantaged men tended to welcome unplanned pregnancies as evidence of their manhood. March-Augustine et al. (2009 p113) suggest that marginal men are well aware of the prevailing ideology that censures procreation where the conditions for responsible fatherhood cannot be met. However, fatherhood was "ambivalently desired" (p112) and seen as prestigious in wider society. Since conception was not intentional, this group of fathers may seek to avoid accusation of deliberate irresponsibility and to express reform narratives as evidence of their good intent.

Many birth fathers lack relationship and financial security, which, March-Augustine et al. suggest, characterise planned pregnancy. It might be expected, therefore, that a sample of birth fathers might include a significant proportion of men who ambivalently desired fatherhood but lacked the means to realise it successfully. Those experiencing humiliation and defeat in care proceedings may find it difficult to maintain turning point narratives.

Birth fathers and paternal certainty

The literature regarding paternal certainty (the degree to which it is possible to be sure that a particular man is the biological father of a child) relates to birth fathers in at least three ways. Firstly, paternal uncertainty is a common issue within care proceedings. Secondly, birth fathers may be at greater risk of situations of paternal uncertainty because of their social profile and patterns of relationships. Thirdly, where paternity is uncertain, there is potential to disrupt family relationships and humiliate parents. From a psychobiological viewpoint, uncertainty over paternity may weaken a man's investment in a child (Gaulin and Schlegel, 1980). Synthesising 17 peer reviewed studies in which percentages of misattributed paternity were reported, Bellis et al. (2005) found that the

frequency range of misattributed paternity varied from 0.8% to 30% with the median at 4%. The authors noted that being young, engaging in unprotected sex, having concurrent sexual partnerships and low socioeconomic status increase the likelihood of paternal misattribution. Birth fathers could be at enhanced risk of paternal misattribution. Masson et al. (2008) reported that DNA testing was carried out in 14.5% of cases in their sample of target children within care proceedings. This does not comprise a reliable estimate of paternal uncertainty for children in care proceedings. Some men refuse to be tested and other candidate fathers are absent or unidentified. It is possible that the percentage of cases of paternal uncertainty for birth fathers significantly exceeds 14.5%.

Lucassen and Parker (2001) note that making a child's misattributed paternity explicit may cause family crises, triggering potentially volatile situations in already conflicted partnerships. However, in the context of the law, "DNA testing undermines attempts to keep secrets within families" (Fortin, 2009 p466). Where DNA testing is undertaken to establish paternity in care proceedings, the child's right to know his or her origins and the implication for the child's future care are the paramount considerations. Where a man's paternity comes under suspicion (even though married to the mother) the presumption that he is the child's father "can always be rebutted" (Fortin, 2009 p 466). The potential for public humiliation arising from misattributed paternity for birth mothers and for men who believe themselves to be birth fathers is clear (Turney, 2005a, Turney, 2005b).

How attainable is generativity for marginal fathers?

This section has explored the formidable obstacles that birth fathers may face in relation to society's expectations and their own aspirations to be good fathers. Here, I review the benefits of being an involved father for men and whether such benefits are always likely to be unattainable for birth fathers.

Erikson (1951) proposed the concept of "generativity" as the capacity to be involved in the development of the subsequent generation. Parenthood, he proposed, is "the first, and for many, the prime generative encounter" (1964

p130). Subsequently, fatherhood researchers have investigated whether men who become involved in the care of their children, becoming more "generative", reap personal benefits as a consequence. Palkovitz et al. (2001), in a qualitative study of 40 US "involved" fathers (most but not all were resident) found that most participants saw "fatherhood as the single greatest shaper of their lives" (p49). They spoke of living with greater purpose (p56); becoming less egotistical (p57); putting their own wishes on hold in order to prioritise their children (p58) and working and imagining to foster their children's development.

Fathers' experiences had forced them to review every area of life. Although mainly a positive experience, this was also something of a shock. Realising the implications of their own procreativity and experiencing the challenge of being a parent can constitute a "turning point" for men with potential for significant change in identity and behaviour (Marsiglio and Hutchinson, 2002, Ferguson and Hogan, 2007). Parenthood can help men who have not yet achieved adult perspectives to mature. Parenthood may enhance this potential in those who already have it (Palkovitz et al. 2001, p64). By the time they had reached middle age, many of the birth fathers in Cicchini's (1993) study exhibited this kind of generative concern about their children who were adopted. However, Cicchini's fathers were not socially marginal.

However, marginal fathers can experience generativity. Knoester et al. (2007) in regression analysis of a large US database concerning low-income families found that involved fathers who maintain good partner relationships experience-

> … more positive changes in their well-being, religious participation, and activities in paid labour than fathers who become less committed to fathering. (p1002)

Clarke et al. (2005) noted that even in the unfavourable circumstances of prison, some fathers made efforts to keep communication with their children open and resumed their father involvement on release. Roy and Lucas (2006) interviewed 77 US fathers with low socio economic status and multiple social and personal issues. In spite of their previous failures, many of these men "expressed

generative feelings for their children" (p154). What the authors found unclear, however, was how these generative feelings and turning point narratives translated into action or whether adverse circumstances block such fathers from experiencing generativity.

Finally, the possibility of birth fathers' reaping the benefits of generativity needs to be put in the context of their "liminality" as fathers (i.e. fathers whose involvement in their child's life is barely measurable) (Marsiglio et al., 2005). Measures of father "involvement" evolved with a view to ascertaining the effects for children of varying levels and qualities of father interaction (Lamb, 2010). These measures focus upon activities which the father does directly for or with the child. Most birth fathers, however, have no opportunity for this level of involvement and, on that basis, of experiencing generativity. However, research concerning the ways in which liminal fathers maintain father identities suggests that "doing fathering" consists for them not just of actions but also of an internal cognitive and emotional dialogue focussed upon the child and the child's needs (Marsiglio et al., 2005). Consistent with this approach, Palkovitz (1997) advanced a model of involvement based upon his previous fieldwork which includes this dimension of inner cognitive and emotional identity work (see Figure 5 Appendix 4). This more inclusive conceptualisation of "involvement" opens the possibility of perceiving father identity work underway in birth father discourse, perhaps focussing feelings of generativity.

Section 5: Masculinities and birth fathers

In this Chapter, I have already examined gender differences in respect of loss and the social emotions. The literature reviewed in Chapters 2 and 4 raises issues and risks of problematic masculinities in relation to the highly vulnerable characteristics of many current birth fathers. This section explores the literature regarding marginal masculinities in relation to men's emotions and behaviour.

Seeing men as gendered

Men, whose nature was previously taken for granted, have now been "problematised" and subject to scrutiny following the advent of feminism and the growth of gender studies. Men and masculinities are recognised as "explicitly gendered rather than non-gendered" (Connell et al., 2005 p3). Most gender scholars now regard masculinities (those traits, behaviours and roles associated with men) as largely socially constructed, produced, and reproduced rather than as naturally occurring (Connell et al., 2005).

Class, marginal masculinities and stigma

Implicit in the dominant social construction account of gender is the view that there are multiple masculinities, which may form and adapt over a period of time and context in response to other factors such as age, class and ethnicity and have discrepant associations to dominance based on gender (Connell et al., 2005 p3). Morgan (2005 p174, see also Marsiglio and Pleck, 2005 p25) describes a subtle and varied relationship of masculinities with class. No one masculinity fully defines marginal men. However, Morgan cites widespread media depictions of various kinds of problematic masculine behaviour: violence, worklessness and absence from family life are commonly associated with excluded men.

Birth fathers and problematic masculinities

Scourfield (2003) agrees that socially excluded fathers are stigmatised and sometimes unfairly constructed as violent and dangerous. However, on the basis of his ethnographic study of child protection practice he concludes that "many men are in fact a problem" (p86) to themselves, their female partners and their children. In social care child protection work,

> ...men have a socially and economically marginal class status. They are usually unemployed or working casually and probably illegally. Most live in stigmatised social housing estates, which are relatively remote from public services and shops. A high proportion seemed to have criminal records. (p88)

Other scholars underline a correlation between negative masculinities with crime (Messerschmidt, 2005) and exploitative expressions of sexuality

(Plummer, 2005). Men have a greater propensity for all kinds of violence, including partner violence (Hearn et al., 2002, DeKeseredy and Schwatz, 2005).

Gender and emotional expressivity

Research shows that men and people from low socioeconomic backgrounds are more likely to exhibit "alexithymia" (a difficulty recognising and expressing feelings) (Honkalampi et al., 2000, Levant et al., 2009). Alexithymia also correlates to increased likelihood of depression, "high prevalence of negative emotion" (Honkalampi et al., p99) and low life satisfaction.

Gender, mental health and morbidity

Studies consistently show that women are diagnosed with depression at around twice the rate of men (Kroenke and Spitzer, 1998, ONS, 2000a, WHO, 2003a, Grant and Weissman, 2007). However, if personality and substance abuse disorders are included, overall rates of mental illness are very similar for men and women (Nydegger, 2004, WHO, 2003b p4). Grant and Weissman (2007) summarising three major US studies of the prevalence of substance misuse noted that male misuse was approximately double that of females. The World Health Organisation (WHO 2003b) records international alcohol abuse incidence among men as twice that of women. Men are also greatly over-represented in the incidence of antisocial personality disorders (WHO 2003b p1).

Commentators suggest that men and women experience mental health problems in contrasting ways, perhaps related to inequalities and stereotypic roles men and women are allocated in society. These poles, antisocial acting out behaviour for men and submissive, defeated behaviour in women could be seen as magnified reflections of stereotypical societal roles (Nydegger, 2004, Prior, 1999). Men's unwillingness to seek help may mean that more of them do not seek or receive needed care and are more seriously affected by their mental health issues (Nydegger, 2004).

Men's stoical independence, tendency to "risky" behaviours and refusal to promote their own health is associated with higher early mortality averages

compared to women (Galdas et al., 2005, Sabo, 2005). Some of those deaths are self-inflicted (Cameron and Bernardes, 1998, Galdas et al., 2005). The findings of a number of large international surveys indicate that men are much more likely than women to kill themselves[46] (Hawton, 2000, Qin et al., 2000, Bjerkeset et al., 2008).

Traditional gender roles and men's response to distress

A number of studies show that men, particularly those who adopt traditional masculine roles stressing competence and stoicism, fail to recognise their own distress. Kessler et al. (1981 p49) concluded that men were slower to grasp "an emotional problem" than women (see also O'Brien, 1988). In other studies men "forgot" or disclaimed earlier mental health problems (Aneshensel et al., 1987, Wilhelm and Parker, 1994). Brownhill et al. (2005) reported that when some men are in distress, this may show itself in-

> ...avoidant, numbing and escape behaviours which can lead to aggression, violence and suicide. Gender differences appear not in the experience of depression per se, but in the expression of depression. (p921)

Grossman and Wood (1993) showed that men's accounts of feeling less intense levels of emotion than women was associated with both genders' acceptance of prevailing traditional sex roles concerning emotional expressivity. Reissman (1990) found that both men and women were distressed when their marriages failed but that men do not verbalise their distress.

Summary and discussion

What does the literature in this chapter indicate about possible important dimensions of birth father experience?

Birth fathers experiencing adoption loss

We may expect that for some birth fathers the inherently painful experience of losing a child to adoption will be intensified by grief complications arising from

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[46] Excepting China, where women suicides outnumber men.

the disenfranchised nature of their grief. Men's tendency to block emotional aspects of grief may lead professionals and acquaintances to infer that birth fathers are not experiencing significant grief which itself could increase a sense of disenfranchisement. If birth fathers distance themselves from adoption support or none is available, it is likely to increase their sense of disenfranchisement. The greater their level of shame experienced, the more one might expect birth fathers to disenfranchise their own feelings, bury them and withdraw.

The experience of ambiguous loss directly relates to lack of information about the lost person. Where birth fathers withdraw from communication with adoption agencies or are not included in contact, ambiguous loss may be associated with chronic sadness and lack of resolution. However, in situations in which open contact arrangements are in place, it might be expected that the birth father's sense of the child's psychological reality may be stronger, and his loss less ambiguous.

Men's style of grieving, favouring "restoration", may put them at a disadvantage in the situation of loss of a child to adoption since there is no recognised repertoire of actions that parents can take when their child is adopted. In any case, undisclosed feelings, whether of shame or loss or depression, may put them at enhanced risk of acting out emotion in self-destructive ways. "Continuing bonds" thinking suggests that helping birth fathers to keep their relationship alive with their child imaginatively as well as objectively could be a positive aspect of adoption support.

Birth fathers and the experience of stigma

In relation to stigma, the literature indicates that a direct effect upon birth fathers' feelings and self esteem cannot be automatically inferred from the perception that stigma exists. However, many birth fathers carry multiple stigmas and at least for phases of the adoption crisis may not be able to escape continual stigmatisation. In understanding the effects this may have upon their emotional economy, more knowledge is needed about birth fathers' appraisals of

what interactions are threatening, the protective strategies birth fathers may adopt and the narratives they may employ to neutralise attributions of moral failure. The possible benefits of disclosing concealed stigma are clear but only in circumstances where acceptance is guaranteed. Birth fathers' thinking on this issue is at present unknown but has implications for adoption support. The literature also suggests that stigmatised people may be socially disadvantaged by others in positions of power or in relation to institutional practices.

Birth fathers and the social emotions shame and guilt

Much has gone wrong in the lives of many birth fathers and one might expect to find them attempting to account for it, encountering blame from others and feeling compelled to confront painful emotions of self-reproach. The literature on the social emotions shame and guilt provides an explanatory framework within which to examine how birth fathers process such emotions and the implications for their future welfare and that of their children.

Contemporary birth fathers many of whom have had previous disrupted relationships and attachment issues may be at greater risk of shame proneness. The evidence from the literature is that intense shame experiences radically disable people from pro-social action towards others and the self. Although apparently dissimilar, social emotions thinking links together the shame/ anger process leading to humiliated fury and shame/ shame process leading to withdrawal and/or depression. In contrast, guilt based responses may predict birth fathers' capability to be a resource for their children. The notion of entrapment as an intensifier of social emotion may provide insights into the experience for birth fathers of care proceedings.

Birth fathers and fatherhood expectations

Birth fathers are prevented by the loss of legal parent status from enacting what our society regards as involved and responsible parenthood. Whereas many mainstream fathers struggle to fulfil these expectations, many birth fathers, by virtue of their socio-economic position and social profile, would in any case have found them difficult to fulfil, if not unattainable. If, as the literature suggests,

many fathers have to struggle to establish a satisfactory sense of identity as a father in the face of conflicting societal demands, birth fathers' fatherhood self conceptions are likely to be particularly incoherent.

The research suggests that although many disadvantaged men accept that they are poorly placed to meet society's standards for fathers, many still ambivalently aspire to procreate, albeit in an unplanned way. The frequently unstable partner relationships in which conception occurs may increase the risk of fathers being distanced from their child and the humiliation of having paternal misattribution revealed.

The birth of a child is an important experience for most men and some marginal fathers perceive it as a turning point in their lives. However, most marginal men appear to struggle to translate generative aspirations into actions on the child's behalf. It may be that many contemporary birth fathers will be found to experience a similar struggle to realise generative aspirations.

Birth fathers and masculinities

The gender literature is clear that masculinity is not a single entity. Masculinities are diverse and are formed by the interaction of gender and class among other factors. As previously mentioned, contemporary birth fathers are likely to have multiple personal problems including mental health, substance abuse and offending behaviour and have low social and economic status. The evidence of this chapter suggests that birth fathers are likely to belong to marginal and stigmatised masculinities in which traditional male norms may be influential.

Whereas worldwide, women are oppressed by multiple inequalities (WHO 2003a; Nydegger 2004), men too are oppressed by traditional male role expectations (Pleck, 1981, Connell, 1995). Analysing the literature on suicide and other early deaths showing men to at far greater risk than women in Western societies, Möller-Leimkühler (2003) suggests that conventional maleness explains men's increased morbidity, male denial of emotions expressing

weakness, unwillingness to accept assistance leads to substance abuse, risky behaviour and greater risk of suicide.

There may, therefore, be important distinctions between the psychosocial functioning and health outcomes of birth fathers compared with birth mothers. The evidence indicates that men may be less able to recognise and articulate emotion; that they tend to block painful emotion; that they often fail to seek help when depressed. In extreme distress, they are more likely to engage in addictive, antisocial or self-destructive behaviour. Being a man also appears to modify a person's approach to loss. Restorative action may be undertaken but at the expense of emotional expression. Men are more likely than women to respond to shaming by transposing it to anger with others.

Section 6: Taking the next step in researching birth fathers

The literature review presents current birth fathers as a significant group within the adoptive kinship network, both in terms of their importance to adopted people and in their own right. They have been relatively neglected both as the subject of research and as service users.

Certain themes are clear from the existing literature, notably:
- The extreme vulnerability of this current group of birth fathers to a range of personal and social issues;
- Their continued marginality as members of the adoptive kinship network and as the focus of service provision from social care agencies;
- Based upon previous birth parent research, it is likely that for most current birth fathers, the adoption crisis and the loss of their child to adoption will be issues of huge importance.

What is lacking is a fuller exploration of birth fathers' perspective in relation to all aspects of their children's adoption. The literature contains comparatively little to elucidate the following important questions:

- How do birth fathers characterise the state's intervention in their family's life?
- Under what circumstances do they *experience* stigma how they deal with it?
- How do they manage the social emotions of humiliation, shame and guilt?
- What do they feel about their adopted children and how are they addressing their loss?
- What is the continuing impact of the adoption crisis on their lives?
- How do they see themselves in relation to other adoptive kinship network members? What roles, if any, do they see for themselves in their child's future?
- To what extent do they express generative thoughts about their child and are these thoughts enacted?
- What intervening factors appear to modify or intensify their perspectives? Some possible factors are a previous history of adversity; a tendency to shame or guilt proneness; the style of masculinity which they enact; the extent to which they feel accused of child maltreatment; the salience of their bond with the child; the quality of their intimate relationships; and their access to and use of adoption support.

This list is far from exhaustive. The questions identified here are not intended to predetermine what will be found in the study but to act as "sensitising concepts" (Vanden-Hoonaard, 1997). The study described below attempts to elucidate some of these questions by building a theory as a basis for further research and practice development with birth fathers.

Part 2: Methodology

Chapter 5: Research methodology

…to talk about very big stories through very small stories…
Siddhartha Mukherjee (2011 p5) writing about Primo Levi

Section 1: Introduction and underlying philosophy

The aim of the study and the choice of qualitative methodology

This section explains my reasons for adopting qualitative methodology to address the research question[47]. Although the research question has not changed from that early stage of research planning, I have, during the iterative process of interviewing and writing the literature review, elaborated it, as set out in Chapter 4, Section 6.

I have used qualitative methodology for several related reasons. Firstly, as the literature review has demonstrated, there is little research already available about contemporary birth fathers' worldviews. Insufficient is known about the study group to predict the main issues that may emerge. A quantitative approach to this topic is inappropriate because clear variables on the basis of which to construct hypotheses cannot be identified.

Secondly, birth fathers are a group who are relatively hard to engage for reasons discussed in the literature review. As Clapton (2003 p64) comments: "There is no straightforward means of contacting birth fathers who have had a child adopted". In considering how to engage a more socially excluded group of birth fathers than Clapton's, I took into account the experiences of Reeves (2006) who described difficulty in obtaining the participation of even a small number of young excluded fathers.

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[47] "What perspectives and experiences do birth fathers of children adopted from care have in relation to their child's adoption?"

My own difficulty in identifying willing participants for a small pilot study of birth fathers in 2006 mirrors that of Reeves. Although having "insider" access to data within an adoption agency and good working relationships with most of the county's social workers, it was difficult to identify birth fathers and persuade them to participate. Some birth fathers could not be found; some refused to be interviewed; some were in personal turmoil and were unable to focus upon additional demands. One or two agreed but "forgot" to turn up for interview. Considerable effort over three months yielded five informants. It is possible that some potential informants may have been unwilling to be interviewed because I worked for the agency that had arranged their child's adoption but I believe those to be in a minority. I concluded that the difficulties in obtaining a large sample of birth fathers made a quantitative research design impracticable and that a qualitative approach would make best use of limited number of available fathers. Thirdly, I believed that it would be easier to build trust and rapport by using an approach which took its cue from participants' perspectives. Fourthly, qualitative methodology is suited the aim of the study which was to explore, in depth and context, the subjective meanings of birth fatherhood.

The choice of grounded theory

Although, for reasons discussed later, I have used techniques derived from qualitative description (Sandelowski, 2000) to assist the process of scrutiny, the study's main method was grounded theory (Glaser and Strauss, 1967, Strauss and Corbin, 1998, Charmaz, 2006). Of qualitative methodologies, grounded theory was chosen as the main approach in preference to discourse analysis, narrative analysis, phenomenology and thematic analysis. Each of these methods could have been used to explore the experience and perspectives of birth fathers with somewhat different emphases and outcomes (Boyatzis, 1998 p4, Cresswell, 1998 p37, Schwandt, 2007 p73). All these qualitative methods can potentially illuminate a phenomenon or portray experience vibrantly. However, the determining factor in favour of grounded theory was its potential to derive a theory regarding feelings, perspectives and actions in relation to intervening factors. At its best, grounded theory can "enable users to explain and predict events, thereby providing guides to action" (Strauss and Corbin, 1998 p25).

Theory development lends itself readily to application to social work practice development.

I had developed some understanding of grounded theory and applied it to the exploration of birth father perspectives in a pilot study during 2006. This study, involving interviews with five birth fathers based upon audio-recorded transcribed and coded interviews, was not pursued to completion. However, it demonstrated that in spite of the difficulty some interviewers have experienced in encouraging male informants to talk at length, "rich and thick" data of the kind required for successful grounded theory could be obtained from birth fathers.

Symbolic interactionism: Seeing birth fathers as social actors

I have adopted a symbolic interactionist perspective as the philosophical underpinning for the study. Symbolic interactionism is a branch of sociological theory emanating from Chicago School thinkers of the mid 20th Century including Mead and Blumer (1966, Clarke, 2005). It posits human interaction as giving rise to consciousness. According to symbolic interactionist theory, people possess "selves", that is, the capacity to conduct an inner dialogue, identifying their own needs, wishes and goals and plan courses of behaviour to meet these goals. In this continuing process of interaction, people define "objects" according to how they act towards them. Objects comprise any abstract or concrete thing, feeling or concept in the world around. With regard to identity formation and maintenance, "symbolic interactionism assumes that people can and do think about their actions rather than respond mechanically to stimuli" (Charmaz, 2006 p9). Symbolic interactionists also assume that people interact through "social worlds":

> A term which is frequently applied to 'universes of discourse` through which common symbols, organizations, and activities emerge. (Scott and Marshall, 2009)

This approach places the researcher as part of the social world being explored rather than separate from it. Since, from this standpoint, social reality is seen as being socially created and maintained, grounded theory, codes, and categories

are not regarded as absolutely objective entities to be discovered but as crafted and constructed from what participants say (Charmaz, 2006).

What I strive to achieve in this study, therefore, is not the single unchanging objective truth about birth fathers but a sense that the findings accurately represent and illuminate their perspectives, choices and social context. I endeavour to achieve objectivity in the sense that I seek to portray birth fathers as accurately as possible "as an accomplished aspect of human lived experience" (Dawson and Prus, 1995 p113). As Charmaz (1995 p54) puts it:

> We start with the experiencing person and try to share his or her subjective view. Our task is objective in the sense that we try to describe it with depth and detail. In doing so, we try to represent the person's view fairly and portray it as consistent with his or her meanings.

Symbolic interactionism and data interpretation

A symbolic interactionist approach contrasts with other views in which people's behaviour is seen merely as the outworking of social or psychological forces. Instead, society is seen as "people ... engaged in forming joint actions to deal with situations confronting them" (Blumer, 1966 p541). It also contrasts with theories stressing the part played by conflict or the impetus to maintain social unity. The approach includes social actions of all qualities: people working together mutually, or acting oppressively, or fighting, or competing, or bargaining or loving. Therefore, in the current study participants and researchers are constructed as social actors in the process of identifying their own needs and goals, strategising and behaving in interaction with other social actors. In the interview process researcher and participants negotiate contrasting and converging agendas and some co-construction of interview data takes place.

In order to gain insight into participants' social worlds, researchers carefully attend to how participants present themselves and construct their accounts in interaction with the interviewer, considering what their constructions achieve for them (Silverman, 2001 p298, Miller and Glassner, 2004). In doing so, two

interpretative routes are avoided: reducing participants to the status of victims of wider social forces and accepting at face value the participants' accounts of what their experiences mean (Silverman, 2001 p287).

Making presuppositions explicit and using sensitising concepts

Grounded theory stresses the importance of findings and theories emerging from the data, in contrast with research approaches which seek to test existing theories (Glaser and Strauss, 1967, Charmaz, 2006). In Chapter 4, I have mentioned a number of sensitising concepts, which I have borne in mind in this investigation. There are two related risks in relation to these concepts. Firstly, that the project could become an exercise in verifying existing theories. Secondly, that my findings may be over determined as a result of imposing concepts on the data. My defences against these dangers have been, firstly, to attempt to make my presuppositions explicit; secondly, to continually test presuppositions against the data. Theory is only valid if it arises from and can be verified in the data (Strauss and Corbin, 1998 p22).

Obtaining an overview of the data

In addition to the in-depth interview, I completed a short questionnaire (see Appendix 5) with each participant. Its purpose was to collect sufficient basic demographic data about my participants to be able to describe them to readers of this thesis. However, after immersion in the detailed "open coding" phase of grounded theory analysis, I found that I was in need of an overview of the data to help me perceive patterns in the data. To achieve this, I explored ideas from thematic analysis (Boyatzis, 1998, Braun and Clarke, 2006). I wrote a case summary for each participant basing the format partly on themes arising from the grounded theory open coding and the literature review and partly on themes from a recent adoption support study (Neil et al., 2010). The case summary format is attached at Appendix 6. The interview transcript, the short questionnaire, field notes and genograms provided the data for the summarising process. I wrote an "outline narrative", a condensed summary of the participant's life history as told in the interview. Themes from the participant's history and culture comprised brief notes of themes which impressed me as distinctive as a

result of reading the interview script straight through rather than slow line by line coding.

The case summaries were imported into *Nvivo* where it is possible, as well as reviewing each participant in all themes (so to speak, vertically), to compare data *across* the case summary headings (horizontally) allowing comparison between participants on a particular theme. No "coding on" was undertaken with these case summaries. They have, however, been used in a number of ways in the study, some not envisaged at the outset. These were:

- Enabling me to identify possible factors which could correlate with the higher level codes in the grounded theory analysis.
- Directing a search for such correlations in the detailed grounded theory coding.
- Helping me to examine the extent of particular phenomena across the whole data to ensure that themes from the analysis are not overstated in their importance.
- Assisting me in identifying possible deviant cases for further investigation.
- Providing an overall impression and numerical description of the data to allow the reader to check its correspondence with grounded theory findings (Silverman, 2001 p241).

The headings in the case summary format prompt the sorting of data by previously devised categories which are "(a) theory driven, (b) prior data or prior research driven…" according to Boyatzis' (1998 p29) model of thematic analysis. However, I did not follow the subsequent stages of thematic analysis. On reflection, it now seems to me that my use of case summaries as a supplementary method is best described as "qualitative description" (Sandelowski, 2000). Although, as Sandelowski points out (p335), no data can be generated without some researcher selection, the intention in this part of the methodology was to "stay close to… data and to the surface of words and events" (p 334) rather than engaging in complex analysis.

Reflexivity in the research process and memo writing

I have written dated memos and drawn diagrams throughout the life of the study. I have written memos about every aspect of the project including research methodology, research design, literature reviewing and ethical issues. As I began to analyse my data, I added memos exploring emerging open codes and higher codes as recommended in grounded theory literature (Strauss and Corbin, 1998, Charmaz, 2006). Memos also included significant conversations with professionals, supervisors and others relevant to my topic.

The purposes of these memos were to:

- Enhance reflexivity in relation to my research participants.
- Track the process of research design and modification.
- Develop my understanding of the data and generate concepts and categories.
- Develop my understanding of underlying theory and philosophy to guide my continuing reading.
- Maintain the iterative process between parts of the study. For example, dispensing with material and/or identifying gaps in the literature review in the light of themes emerging from the data.

I have found that developments in one part of the project usually require adjustments elsewhere. Memo writing has been one of the main ways of pulling together and continuously refocusing all parts of the study to achieve overall coherence. A list of memos and some sample memos are included at Appendix 7.

Section 2: Ethics

Ethical approval

Prior ethical approval for the study was obtained on 3 February 2009 from the University of East Anglia School of Social Work and Psychology Research Ethics Committee which applies criteria set out in the British Psychological Society's Code of Ethics and Conduct. In addition, I applied for research governance approval from potential referring agencies when required by local procedures.

Risk assessment

The study necessarily raised emotive issues for participants. However, the opportunity to be heard at length on such an important issue for them seemed to outweigh possible emotional harm. This proved to be so for participants in the pilot study. As an experienced social work practitioner I know how to interview sensitively, deal with distressed people, reduce potential conflict and signpost people to appropriate support services. I emphasised the participant's choice not to answer certain questions, take a break when needed, or to terminate the interview. At the proposal stage, I assessed the possible risks of harm to anyone as very low. However, I did consider safety issues for others and myself, especially as a lone researcher making home visits. I telephoned participants usually more than once before the interview, forming a preliminary assessment of their mood, mental processes and preoccupations. I ensured that others were aware of where I had gone and when I was expected to return. I had access to a mobile phone. I resolved to terminate an interview if it appeared that to continue would exacerbate a risky situation for the subject, another person or myself. No such situation arose.

Informed consent

I ensured that each birth father gave informed consent to participating. On first contact, usually by telephone, I outlined the study's purpose. If he remained interested in participating and agreed, I sent a copy of the information leaflet to him to allow him to think through what had been proposed. This leaflet (see Appendix 8) deals with the following issues:

- ❖ The purpose and scope of the project.
- ❖ Why it is important.
- ❖ The method I proposed to adopt.
- ❖ What was involved in participating.
- ❖ What would happen at the interview.
- ❖ What would happen after the interview: a debriefing; the option of receiving a transcript and report; receiving an ex gratia payment of £15.
- ❖ What would happen to the recording: the protection of participant

anonymity.

- ❖ How it was proposed to use the data.
- ❖ Participants' right to withdraw from the project at any time.
- ❖ Circumstances in which confidentiality would be broken.

A few days later, I telephoned potential participants to check that they had received the leaflet and to see whether they had queries or concerns about participating. If they were happy to proceed, then an interview was arranged.

I have taken verbal consent to be sufficient. I considered asking participants to sign a consent form to verify the participant's consent in the case of possible future complaint. However, following experience in the pilot study, I believed that it could be counterproductive before I established rapport with the participant to ask participants to sign a document. Some participants were not highly literate and had reason to be cautious of bureaucracies. From my previous experience in social care, I feel that my best protection from complaint was to behave transparently. In addition, with their agreement, I audio-recorded my verbal preamble to the interview proper (which followed the content of the leaflet) including questions from the participant and his verbal agreement.

Confidentiality and data storage

I told participants that what they said to me was confidential unless they said anything which indicated that someone was in danger or that a serious offence had been committed. I gained their agreement to non-identifying quotations and information being used in presentations and written material. In my findings chapters in Part 3 of the thesis, I have given the participants pseudonyms to maintain their anonymity. As it is conceivable that individual participants could be identified from the combined findings, I have devised one set of pseudonyms for Chapters 6 and another for Chapters 7-10. Most personal data gathered in the study is stored in password protected digital files on my computer. Participants' identifying data such as names, addresses and mobile phone numbers have been kept in a paper file locked in my office filing cabinet when not in use.

Section 3: The research sample

Sample criteria

Sampling for the study has been purposive. Participants have been recruited to satisfy the following criteria. Participants were birth fathers-

- Whose children were placed for adoption or adopted;
- Who were resident in England and Wales (i.e. excluding residents of Scotland and Northern Ireland which have separate legal frameworks for child protection and adoption);

Their children's adoptions-

- Were from public care;
- Reflected current socio-legal adoption practice in England and Wales;
- Took place within *approximately* the previous ten years.

I set out with the definition of birth father as the child's biological father, whether of not he was or had been resident in the family or involved in the child's care. The exception was one participant who, it transpired, was not the child's biological father although, until care proceedings, he had believed himself to be so. This participant had lived with the child's birth mother throughout, and was the child's social father before the child was removed into care.

What I mean by "current socio-legal adoption practice" requires clarification. I refer here to adoption practice accompanying the rise in compulsory adoptions from care since the late 1990s, described in Chapter 2, in which adoption came to be seen as an alternative of choice to public care for increasing numbers of children unable to be cared for safely by a parent. Most of these adoptions were "compulsory" although a small proportion of adoptions followed parental "relinquishment". All except one participant's children's adoptions fall within the years from 1998 to the present and his children's adoption otherwise met the above criteria.

In setting the sample parameters thus, the aim was to investigate the perspectives of the more vulnerable generation of birth fathers described in

Chapter 2, Section 2 against the background of contemporary policy favouring

adoption as an alternative to care, distinguishing them from previous

generations of birth fathers.

Sample size

I estimated at the research proposal stage that 20 participants would be required

to complete the study successfully. Several factors informed this decision.

Firstly, the size and nature of the sample was designed to achieve "theoretical

saturation" (see below). In a study of qualitative coding processes involving in-

depth interviews with 60 participants, Guest et al. (2006) found that the major

concepts that would emerge from the study had appeared after the analysis of

only six interviews. Theoretical saturation had been achieved after the analysis

of only 12 interviews. I judged that 20 interviews should therefore be more than

sufficient. Grounded theorists emphasise that the *quality* of the sample is more

important than its size. Successful grounded theory studies require rich data

from articulate and reflective informants (Morse, 2007 p231). I was concerned

that birth fathers might prove to be a challenging group with whom to generate

rich data. Planning 20 interviews would, I felt, allow me some leeway in the

quest for rich data. Some of my participants were indeed less reflective and

articulate than others. Consequently some data was of less value for the study.

Another factor indicating the need for an upper limit was that although I

required sufficient data upon which to ground conclusions, *too much* data could

actually hinder the investigation (Sandelowski, 1994). Although I am aware that

in a small study such as this, samples cannot be representative of the whole

population of birth fathers, I was conscious of wanting to include as much

variation as possible in the sample. A larger number of participants enhanced the

possibility of greater variation.

Recruitment

In view of the anticipated difficulties in recruitment already discussed, I decided

to adopt an open, flexible and proactive approach to potential participants. I

attempted to recruit through a variety of sources. For the sources of recruited

participants, see Figure 6. I was aware of a range of variables within the birth father population, which could affect the development of grounded theory[48]. However, I was not a position to recruit participants selectively since sufficient birth fathers were not available within the time limits of this study to allow individuals to be selected or rejected. However, as I describe in Chapter 6, there is a good deal of variation in the sample group.

Figure 6: Sources of recruited participants
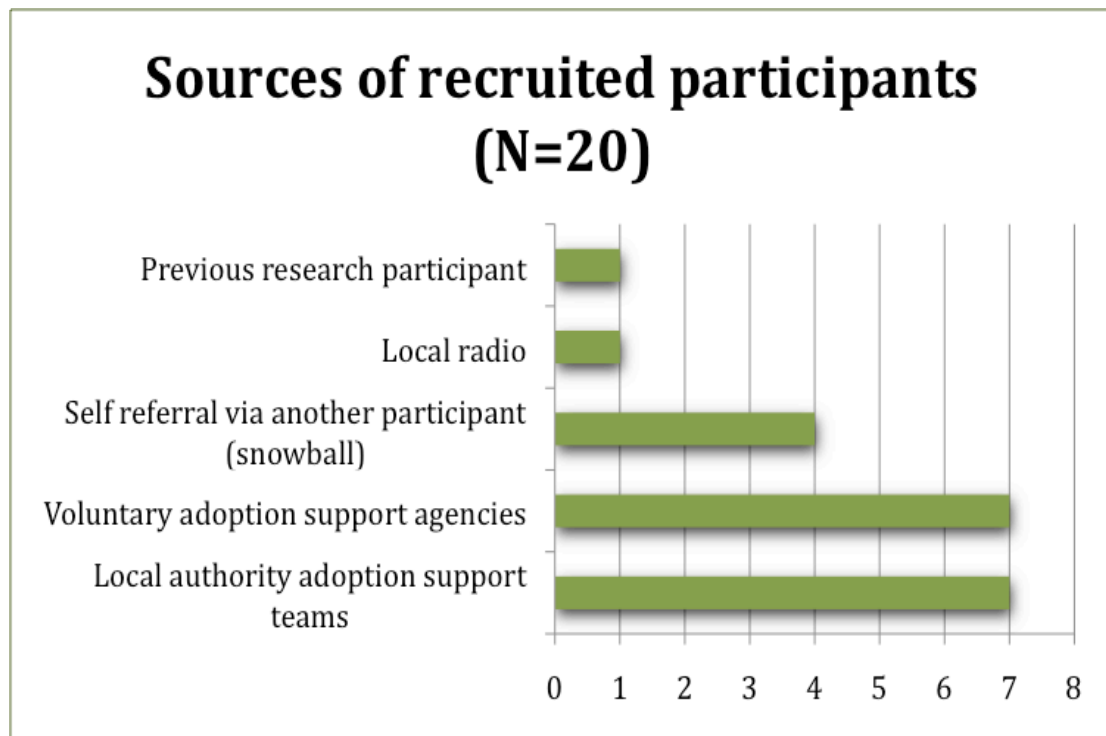
A proactive, flexible recruitment approach

I have been flexible but persistent in identifying potential participants and obtaining their agreement to be interviewed. This required communicating with birth fathers in the way preferred by them: usually mobile phone; sometimes

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[48] These included: the age of the participant; the ethnicity of the participant; the quality of the participant's earlier relationships; the conditions of the child's conception; whether the adoption was voluntary or compulsory; the length of time elapsed since the child's adoption; whether the participant looked after the child; whether the participant was a resident father; the status of the relationship with the birth mother at each stage; the extent and quality of contact with the child who was adopted; whether the participant had received adoption support; the existence and quality of any current intimate relationship; whether the participant has had further children and whether there has been a meeting between the participant and his child following the child's majority.

email; sometimes letter. Matters proceeded at the participants' pace. Following telephone discussions and the dispatch of written information, I have sometimes waited for months before the participant was ready to be interviewed. Alternatively, I was prepared to travel long distances at short notice during weekdays or weekends when a participant was ready to proceed.

I planned to communicate the essentials of the study, ethical principles and the implication for potential participants accurately but concisely and with a minimum of bureaucratic fuss. To attempt to achieve the right tone and level of detail, I appraised publicity materials from a recent adoption support research project (Neil et al., 2010), which had been reviewed by a group of consultant birth parents. I accepted that for the convenience of the participant, many interviews were likely to take place in the participant's home rather than at official venues.

Attempting a variety of recruitment routes
I attempted to open up as many routes to recruitment as possible. Following the experience of the pilot study, I sought to avoid interviewing only birth fathers who had worked cooperatively with adoption agencies. I was aware from the pilot study of high organisational sensitivities to risk in research in local authorities, particularly in management and research governance. This might have obstructed the recruitment of more challenging fathers.

As well as local authority adoption agencies, I contacted voluntary adoption support agencies, drug and alcohol projects, prisons, homeless projects, birth parent support groups and agencies. I sent briefing information to potential referrers (see Appendix 9) and attended various team meetings. I appeared once on local radio and made use of existing connections with birth parents who contributed to previous research by the University of East Anglia. Following extended research governance queries culminating in an application, I was unable to obtain the agreement of the prison authorities in two prisons to allow me to recruit from the prison population. Drug and alcohol projects under NHS governance proved to have complex and inaccessible research governance

procedures, which time did not permit me to pursue. Voluntary drug and alcohol and homeless projects were helpful in disseminating leaflets but these sources yielded no participants.

In order to discourage organisational selection, I asked agencies (particularly local authorities) to distribute my information leaflet to *all* birth fathers on their database for a given period. The leaflet then requested potential participants to contact me.

This was the contact route for about half of the participants. However, other more ad hoc approaches have also been employed. One participant contacted me following an interview I gave to a local radio station; I made contact with four participants who had been informed of my research by another participant in online chat rooms. As a result of my attendance at a meeting of a network of adoption support workers working with birth parents, I was referred to individual birth fathers and also attended a birth fathers' support group, following which, two group members agreed to participate.

Section 4: Data generation using semi-structured interviews

Data was generated from semi-structured interviews. Each interview was recorded as a digital mp3 audio file and transcribed. Except for one case in which an interview was repeated because of recorder battery failure, participants were interviewed only once. I considered carrying out follow up interviews, which may have had the advantage of elucidating changes in birth father perspectives over time. However, practical considerations precluded this.

Building and maintaining rapport

I used an interview schedule to guide the interview process. This schedule (which was adapted during the life of the project) can be found at Appendix 10 and covers the following topic areas:

- Who is the child and who else was part of the story?

- The circumstances around the child's birth
- The participant's role as father
- The child protection crisis (if applicable)
- The adoption process
- The impact of the adoption
- What support the participant has received and from what source

In prior telephone conversations to arrange interviews and on arrival and before the interview started, I spent time building and maintaining rapport with participants, communicating a "friendly and interested manner" (Johnson, 2002 p109). By the time I judged it was appropriate to move into a pre-interview introduction, we were usually talking freely. In this phase, I briefed participants regarding the purpose of the interview, confidentiality issues and other issues already set out in the leaflet I had sent them, encouraging participant questions. Some participants wanted to be clear about confidentiality issues; some were curious about the small mp3 recorder.

I showed willing, wherever the participant was interested, in taking participants "behind the scenes" of the interview and research process, describing my methods and how I proposed to use the data. I explained to each participant that I had a list of topics which I used as a checklist but that, generally, I would encourage him to tell me his story chronologically. I emphasised that I wanted to ensure that by the end of the interview, he had said all he wanted to say about himself, his child and any aspect of the adoption. I explained that sometimes when he said something which I didn't understand or was particularly interesting I would ask him to expand on it before returning to the main account.

I devised an opening sequence of simple questions to establish some basic facts about the informant's child and the important players in his story. I drew a simple genogram which I checked for accuracy with the participant as the interview progressed. The purposes of this procedure were:

- to draw the participant into the process progressively by asking him factual questions which did not require much reflection and did not "jeopardise intimate self-disclosure (or trust)" (Johnson, 2002 p109);
- to begin to involve the informant in the co-construction of data;
- to provide myself with some basic information to guide later questions and;
- to gather data for the "qualitative description" of my sample.

Usually, my efforts to build rapport were successful and most participants spoke freely. With perhaps one exception, the feel of the interviews was collaborative.

Reflexivity and power issues

Aléx and Hammarström (2008) are amongst those who argue that there is always a power dimension in social relationships (including the researcher-participant relationship) which may involve factors such as ethnicity, class, age and gender. Although there is potential for researcher misuse of power, the balance of power is not necessarily exercised exclusively from researcher over participant but may flow from one person to another. I was aware of and attempted to negotiate these power imbalances on several occasions in the process of attempting to co-construct narratives. A few participants were apparently very determined (especially initially) to control the interview requiring me to give way to them, whilst the timidity of others presented the opposite challenge: how to draw them into the process of co-construction without overwhelming them.

Interviewing in participants' homes

In all but one case, my interviews have taken place in participants' homes which was their preferred option. Interviewing participants at home also made it likely that the participant would be present at the agreed time and provided me with helpful contextual clues for the interview.

The presence of partners in the same room or nearby has been a factor in around a quarter of interviews. Most interviews have taken place with only myself and the participant present. In some situations partners have agreed to go out or go to another part of the accommodation. In two cases, the accommodation was so arranged that partners and other family members retreated beyond earshot though their presence was felt. In three interviews, the participant's partner was present for up to half the interview. In two of these situations the partner was the adopted child's birth mother. My concerns about partners being present related to confidentiality issues, the possibility that the participant would self-censor regarding sensitive issues and that partners would answer for the participants. Confidentiality issues did not appear to arise. However, in two cases (those involving partners who were birth mothers) I observed some apparent suppression of self-disclosure by participants in their partner's presence. Both these partners tended to answer for the participants. When partners left, the participants became more articulate and disclosed more emotion.

After the interview

Following the completion of the in-depth interview, I completed attributes questionnaires with participants. Finally, I offered to send a copy of the interview transcript and a copy of a research summary to the participant. I thanked the participant and offered an envelope containing £15 as a token of thanks. Many participants opted to receive the transcript and/or report and most participants accepted the cash gift.

Warren et al. (2003) reflect on the characteristics of this portion of time between the end of formal interviewing and departure and the opportunity for more informal reciprocal interaction (Johnson 2002 p109). With the recorder turned off, I asked participants how they felt the interview had gone and checked whether they were left with questions or vulnerabilities. Participants' comments varied. Some birth fathers said that they had felt upset during the interview at particular points but that in general they had found the experience beneficial. Several said that they rarely had the opportunity to discuss their feelings about their child with anyone. The interview had apparently been an important life

event for some participants, a phenomenon noted by other researchers (Clapton, 2000a p282, Charmaz, 2006 p27).

For some, the interview had highlighted neglected challenges. An isolated and chronically depressed participant living far away from his original home whose partnership with the birth mother had ended but who was still sharing a house with her, wanted to explore how he might find the energy to move on. Another participant felt he was just marking time rather than tackling his substance abuse issues but wished to be a father whom his adopted son could return to with pride. Another birth father described severe and frequent panic attacks, the extent of which he had not shared with his GP. Another participant, commenting on the long pauses in his responses during the interview, explained that prior to recent drug rehabilitation, he had been largely anaesthetised from experiencing his child's adoption and the implications. During the interview he had begun to remember and reconnect with lost experiences.

I offered advice regarding some adoption support issues, suggesting how and where the participant might get further help. One participant was uncertain as to whether his child had been adopted. Others were concerned about aspects of contact. A number were unaware that they could ask for adoption support in their own right or of the existence of the Adoption Contact Register.
In this short interlude, I attempted to affirm the participant in his desire to address these issues and to explore ways he might do this with his existing network of support and with local services.

Representation of experience in the interview process

There are several complications in using interviews to capture social experience. Speech cannot exhaustively comprehend reality. Linguistic style and ability varies amongst informants. Even highly articulate speakers possess tacit knowledge which is not articulated because they are unaware of it. As Polanyi (2009 p4) has said: "We know more than we can tell". The informant must use language to communicate experience which whilst bringing the experience to life also limits what is communicated (Riessman, 1993). Riessman argues that there

are many such selective and interpretative processes through which human experience is represented in language. These prevent us from claiming a direct correspondence between a person's experience and its later presentation in social research. She argues (p8) that research informants choose some aspects of their experience to include in their story and omit others. Since speech is a social act, informants adjust their narrative to gain acceptance from a particular audience (Goffman, 1959). There may be "sites of silence" within an interview in which relevant issues remain unarticulated or are glossed over (Charmaz, 2002, Mazzei, 2003). The record of the interview encapsulated in audio or visual form is itself only a partial representation of the actual experience (Riessman, 1993 p11).

Transcribing issues

There are similar issues of representation in the process of transcription. The researcher is obliged to make "theory driven" decisions on a number of transcription issues (Riessman, 1993 p13). Since my main focus was upon the meaning of speech rather than the sounds or the words (which would have been of value in conversation analysis), I decided against inserting every discourse marker and not to format scripts so that overlapping speech could be examined. Although I assumed that interviews were co-constructed, the main focus of this study was not how that was achieved but what was being constructed. I noted in square brackets participant actions where I could remember them or where they were recorded in field notes and variations of tone of voice and emotional quality. I attempted to capture participants' emotions accompanying his words since the study prominently features emotions. Similarly, I used punctuation to represent disjunctions, false starts and delays in speech, which could be markers for emotions. Transcriptions were checked and corrected for verbatim accuracy and to ensure that an attempt had been made to represent participant disjunctions and delays in response consistently (Poland, 2002).

Field notes

I devised a simple format for recording observations concerning the interview, the participant and his context in field notes. These were written as soon as possible following each interview. Although I did experiment with coding the notes themselves as data, I found this unsatisfactory and have used them instead to remind me of the interview context whilst analysing data. An example of field notes can be found at Appendix 11.

Section 5: Data analysis and interpretation

Analysis followed the techniques and procedures set out for developing grounded theory (Strauss and Corbin, 1998, Charmaz, 2006) the intention being to base theory development on a close and sensitive reading of the data.

"Swimming with the data"

The phrase "swimming with the data"[49] depicts the way in which qualitative researchers are enjoined to expose themselves in as many ways as possible to the original data so that it becomes well known. This immersion allows insights to emerge regarding patterns in the data. The main ways in which I achieved this was through re-reading transcripts slowly, making *Nvivo* word searches and through the preparation of case summaries which involved reading transcripts at one sitting.

Open coding

Each of the 20 interview transcripts was imported into *Nvivo* software and open coded line by line. Each open code was defined (examples of definitions are provided at Appendix 12). Except for *invivo* codes, i.e. those named by a telling phrase used by a participant (e.g. "Fuckin' irresponsible"), I used gerunds as part of the code to emphasise the action being taken by the participant (e.g. "*Feeling* guilt regarding the child" rather than "Guilt regarding the child") "because these

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[49] In spite of repeated searches, I have not been able to find the originator of this phrase.

words nudge us out of static topics and into enacted processes" (Charmaz, 2006 p136).

As I wished to remain open for as long as possible to what emerged from the open coding stage, I generated some 1500 open codes. Ryan and Bernard (2003) suggest that generating as many codes as possible is good practice because it ensures that the most salient themes will be identified. However, I found that I was having difficulty in "seeing the wood for the trees". It was impossible to remember all the codes and I was reliant upon the search facility within *Nvivo* just to locate candidate names with which to code sections of text. I therefore reviewed my open codes and the nodes under which they were organised, merging many codes in the process.

Developing categories

As coding progressed, open codes were grouped with similar codes into a hierarchy of trees nodes for ease of access within *Nvivo*. Throughout the open coding and the subsequent stages, I was engaging in "constant comparison" (Glaser and Strauss, 1967). This is the process of comparing "data with data to find similarities and differences" (Charmaz, 2006, p54). These higher tree nodes were also provisionally defined.

Although some tree nodes were largely *descriptive* groupings (places to consign open codes while they awaited analysis and integration into the larger story), most were *analytic* in the sense that they aimed at a higher level of abstraction, shifting coding activity towards category development and identifying fundamental patterns in the data. A "category" in this context is a "concept that stands for phenomena" (Strauss and Corbin, 1998 p101). In order to identify possible candidate categories and develop higher level codes, I wrote memos about tree nodes selected on the basis of their apparent centrality to the birth fathers' accounts and frequency of occurrence, relating them to other codes and drawing diagrams to attempt to elucidate what Strauss and Corbin (1998) refer to as their "properties and dimensions". Properties are "characteristics of the category, the delineation of which defines and gives it meaning." The dimensions

are "the range along which general properties of a category vary, giving specification to a category and variation to the theory." (Strauss and Corbin, 1998 p101).

Focussed and theoretical coding

This process, which Charmaz (2006) calls "focussed coding" and Strauss and Corbin (1998) call "axial coding" produced six categories which I later reduced to five. Further analysis was carried out to develop "theoretical codes" which "specify possible relationships between categories you have developed in your focussed ... coding" (Charmaz, 2006 p63). In the final grounded theory scheme (see Chapter 7) these five categories became sub categories of a new main category.

Generating a typology

In parallel, in writing memos and in drawing a key diagram, I had been developing and testing out for some time a typology of birth fathers emerging from the data. Although the names for the three "types" were not settled, it seemed to me that there were birth fathers who were able to act in a generative way towards their child who had been adopted, and those who were unable to do so because they were either angry and resistant on the one hand or withdrawn and depressed on the other. The typology and category development went hand in hand, the emerging categories providing a commentary on the three emergent types of birth father.

Theoretical sampling and saturation

Theoretical sampling is defined by Glaser (1978 p73) as-

> sampling on the basis of emerging concepts, with the aim being to explore the
> dimensional range or varied conditions along which the properties of concepts vary.

Following the open coding of the first 11 interviews which was completed in summer 2010, I analysed the key ideas that appeared to be arising from the data with a view to seeking data with which to fill out emerging categories. In the succeeding interviews I sought to gather data to fill out these categories by

asking additional questions which explored these categories more deeply. When participants touched on topics relevant to my developing categories, I encouraged them to expand and deepen their answers. In addition, towards the end of interviews, I asked some participants additional questions of the form: 'Some people I have interviewed already have told me ..., whereas others have said... What do you think about that?' It was impractical to choose informants I judged to be best suited to address the emerging categories. I could not recruit participants to select only those with particular characteristics since sufficient birth fathers were not available within the time limits of this study. With the exception of one sub category which I judged not to be so fundamental to the emerging theory and was therefore subject to less analysis, I was satisfied that all sub categories were saturated in the sense that the analysis of later scripts seemed to be adding little to the developing theory (Bryant and Charmaz, 2007 p611).

Generating a grounded theory

I wrote further memos and made many attempts to depict visually the interaction of intervening factors before arriving at the diagram that represents my theory of birth father experiences and perspectives which appears at the beginning of Chapter 11. From that, I wrote successive drafts of the theory.

Section 6: Research quality considerations

Evaluating the quality of qualitative research studies

In recent years, the quality of some qualitative research has been criticised. For example, Shek et al. (2005), scrutinising 28 qualitative social work research studies, found many of them to be lacking in transparency, comprehensive explanations of research methods undertaken, justification of the sampling strategy, declarations of the study limitations among other methodological weaknesses. Prominent qualitative researchers such as Morse (1999 p717, Morse et al., 2002) have urged qualitative researchers to demonstrate the "reliability and validity" of their work in order to command credibility. Although

criteria of reliability for positivistic research cannot be applied directly to qualitative research, Lincoln and Guba (1985) suggested that qualitative research needed to show that that it was credible, transferable, dependable and capable of being confirmed. Since then, various attempts have been made to define detailed standards for evaluating qualitative research studies (Cresswell, 1998 p201-203, Shek et al., 2005 p184, Charmaz, 2006 p182-183, BPS, 2010). However, "there is no single guideline to assist researchers in creating high quality research within qualitative methods" (Armour et al., 2009 p101)

Measures taken to enhance the study's quality

In this section, I set out measures which I have adopted or partially adopted to enhance the study's credibility.

Clarity of sampling decisions

In this chapter, I describe the number and the nature of the participants, the process by which I arrived at sampling decisions and argue for the sample's sufficiency for the purpose of the study (Shek et al., 2005).

Deviant case analysis

This is undertaken in Chapter 11 (Creswell, 1998).

Detailed description of research procedures

This is contained in this Chapter (Shek et al., 2005).

Clarifying researcher's possible preconceptions

In the Introduction to the thesis, I reflect upon "past experiences, biases, prejudices, and orientations that have likely shaped the interpretation and approach to the study" (Cresswell, 1998 p202).

Rich, thick description

According to Cresswell (1998 p203) thorough description of the informants and their context allows the reader to judge the transferability of the findings to other settings. Chapter 6 in particular is intended to contain this level of description.

Sufficient raw data to allow the reader to reach their own appraisal (Shek et al., 2005)

Selected excerpts from the data are provided throughout Part 3 of the thesis allowing the reader to check the feasibility of my interpretations.

Limitations of the study

These are addressed in Chapter 12, Section 2.

Summary

This chapter sets out my research question and the symbolic interactionist assumptions that underlie the study; how ethical issues have been addressed; the composition of a research sample; the use that was made of in-depth semi structured audio recorded interviews as the main source of data; the theoretical approach to data analysis using grounded theory as the main method, supplemented by qualitative description; and steps taken to assure the quality of the study.

Part 3: Findings

Chapter 6: An overview of participants' data

Introduction

This chapter surveys the study data concerning-

- the participant birth fathers' demography, history, and social context;
- their relationship with the birth mother and circumstances of conception;
- participants' role in relation to the child;
- participants' attitude to the adoption crisis;
- the children's adoptions;
- the personal impact of the crisis on the participants;
- participants' possible future role in relation to the child.

The sources for this data are: attributes questionnaires, case summaries, searches of the interview data, genograms and field notes. Some of this information is presented as simple quantitative data or in table form. Other summaries contain a more evaluative element, which I describe in Chapter 5 as "qualitative description". I have also made use of typologies devised in previous research which enable concise description and the comparison of this study's data with other studies.

Some participants have had more than one child adopted. I provide some information about other adoptions but more detailed information about a designated "target child" who is the child most recently adopted (and the youngest child if more than one were adopted at the same time).

Section 1: Demographic synopsis

Age

Data concerning each participant's age, ethnicity, location and employment are presented in Table 2, Appendix 13. The participants' mean age (N=20) was 38.5 years. There was a modest positive skew towards younger participants (0.49). The range of ages was 36 years (the youngest participant was 22 and the oldest was 58). Figure 7 in Appendix 14 shows the age distribution. In a recent birth father audit (Clifton, 2008) the mean age (32.2 years) is some 6 years younger also showing similar positive skew. The most significant difference between the study and the audit samples appears to be that the study sample includes no birth fathers under 20 years of age.

Ethnicity

Seventy five percent of the study sample was White British. Other participants were of mixed and varied ethnicities which are recorded in Table 2, Appendix 13. All of the participants were UK citizens. In Masson et al. (2008 p79), 65% of fathers were white, 13% were unknown and the remainder comprised various minority ethnicities. Unlike this study's sample, a significant proportion of the ethnic minority fathers in Masson et al. (2008 p116) were not UK citizens. Masson et al.'s sample also included only 1% of fathers with mixed ethnicity, whereas all of this study's minority ethnic fathers were of mixed ethnicity. In the audit previously cited (Clifton, 2008), 85% of birth fathers were white; the remainder comprising varied and mixed ethnicities.

Location

All participants were resident in England. The largest group lived in London and the South East (n=9); There were 4 participants in the North of England, three from the Midlands; three from the East of England and one from the West of England.

The location of participants' homes varied. Most lived in the suburbs of a city or large town (n=13), some near city or town centres (n=6) and only one in a rural location.

Most participants (n=13) lived in council accommodation. Three lived in private rented accommodation; three were living in owner occupied houses. One participant lived in hostel accommodation. The sample resembles that of Masson et al. (2008) in respect of the variety of geographical areas and types of location.

Employment

Half of the participants were unemployed at the time of the interview. Five were in full time employment; one was in part time employment; two were engaged in voluntary work; one was a part time student. Participants were asked to name their usual or previous occupations. Four participants were self employed (window cleaner, DJ, gardener and painter and decorator); one was a financial adviser; one was a full time carer for his disabled partner; four participants were manual labourers; two were in semi-skilled jobs; two had been students; two worked for voluntary organisations and three participants cited no previous occupation.

Section 2: Development, behaviour and mental health

Childhood experiences

Six of the participants shared little of their childhood history; of these, three appeared cautious in speaking about their own pasts; three were inarticulate on the subject. Three other participants spoke plausibly of happy and uneventful childhoods.

Seven participants described a lack of emotionally available parenting as they were growing up. A further four participants (three of whom later became looked after children) described parenting that was frankly abusive. In the first group, Mitchell spoke of his unsuccessful search for affection in childhood. His father, with whom he had felt safe, left the family when he was five years old, founded another family and thereafter showed him little interest. His mother was a good provider but showed him little love. Mitchell became an "angry" teenager finding other young men who enjoyed risk and getting into fights:

"People would back off from me". Bruce told of losing trust in his parents when his father left the family home after an affair and his stepfather later sexually abused his sister. His mother lost focus on his developmental challenges (school difficulties; communication problems; lacking friendships). In adult life, Bruce felt obliged to return home to support his mother.

The group describing abusive parenting included Robert, who portrayed his family as completely dysfunctional: "I was dealt a bad set of cards". His father and mother physically and his father sexually abused him and his brother and sister. His father forced his mother into prostitution. He survived in middle childhood by joining street gangs. Tony described being ashamed of his family who were notorious in the neighbourhood. He was vilified by the community from an early age. His father was emotionally distant and authoritarian, his mother ineffectual. He now speaks of all his family members with detestation and has particular hatred for a brother whom he describes as a "paedophile". Tony spent some time in his later childhood in foster care and has served a prison sentence. Blake, whose father left the home when he was two, said his mother disliked and neglected him and placed him in care in his early teens. Blake had become largely independent of his family by middle childhood and was making a living selling on market stalls in his early teens, missing school to do so. Being fostered by a single man in his late teens restored his sense of trust to some extent.

Four participants described significant experiences of being bullied. Bruce, who has communication difficulties, was severely bullied at school and was temporarily excluded after he lashed out at his persecutors. Likewise, Duncan was bullied at school and referred to social workers and psychologists. He eventually found that the only way of dealing with bullies was by using his size to intimidate others occasionally responding with direct violence. He gained a reputation for anger and violence, which he still has.

Three participants (all of whom had described emotionally unavailable or abusive parenting) related histories of drug and alcohol use from early teens or

before. Blake, who learnt to use cannabis to calm him down at around the age of 13, has used cannabis ever since and is finding it a struggle to give up. For Robert, multi-drug use from about the ages of 8-9 was part of the lifestyle of the street gang he joined and allowed him some emotional escape from abuse and conflict at home.

Four participants spoke of childhood mental health issues. Del showed problematic behaviour (including fire lighting) and low self esteem. Robert described his self-harming and fire lighting from middle childhood and linked this with his later diagnoses of psychoses and personality disorder in young adulthood. Duncan had counselling for depression. Norm, depicting his transracial adoption by loving adopters, saw himself as a "wild child", hyperactive, possibly dyspraxic and completely unlike his adopted siblings. His behaviour, pored over by psychologists, was framed by his difficulty in understanding his own ethnic identity and yearning for the birth parents he never met. His sense of identity was "missing and it can't be replaced".

Seven participants spoke of missing significant time at school, being excluded, feeling disengaged from education or that education was not valued by their family. Rick, following his father's example, wanted to obtain a labouring job as soon as possible and found school forbidding. Nigel's mother's long terminal illness was the focus of his otherwise intact family's attention and he found it impossible to concentrate on learning: "my mind was somewhere else".

Most of the participants described being brought up in a culture with traditional working class values including clear gender expectations that men would work as providers and that women care for children. Jake, the son of parents who ran a small business, became socially mobile and has enjoyed success in the financial sector. For most of the participants' families, however, educational and career aspirations were modest or low. In some families under stress, the work ethic was in tension with conflicting realities of that family's life, which included poverty in the context of absent or unemployed fathers. Traditional expectations

that men should be strong and not express emotions were woven into the narratives.

Mental health

Eight participants mentioned experiencing a mental health problem. One participant had had episodes of psychosis; four suffered from significant depression; three, anxiety; four said they had considered self-harm and two related actual self-harm. Two spoke of experiencing extreme rage. One spoke of extreme isolation and loneliness. Tony described attempting suicide on 6 occasions usually associated with the misery and sense of betrayal at the ending of partnerships. He continues to feel that his problems are brought on him by evil fate and sometimes feels that it would have been better not to have been born. Stuart describes regular panic attacks for which he receives medication from his GP becoming anxious when left alone in the house even for short periods.

Substance misuse

Seven participants admitted to substance abuse of varying intensity and duration including alcohol, opiates, and marijuana. Three had had periods of detoxification and/or residential rehabilitation.

Mitchell had recently completed residential detoxification and therapy lasting for many months and aimed to address his longstanding and life threatening multi drug use. He was living in a community hostel away from his home area to avoid previous drug contacts. He is undertaking part time education and only now is he able to begin to come to terms with his child's adoption and seek adoption support through an independent adoption support agency. Blake's long-term dependence upon marijuana was cited by the court as a reason why he was not able to care for his child neglected by his previous partner.

Criminal history

Five participants reported that they had had criminal convictions of which four had served prison sentences. The offences were various. Nigel admitted committing fraud to draw attention to his distress and isolation during care proceedings. Del described more than one term of imprisonment for drug related theft. Tony, who was convicted of an attempted bank robbery for which he served three years imprisonment, related the conviction to homelessness, poverty and drug use. Robert who was also using illegal drugs, maintained that he was convicted unjustly of threats to kill his child after a police "siege" situation developed following a violent family argument. This incident led indirectly to him losing his children to adoption. He had been previously imprisoned for violence against police officers. Finally, Ron described a previous rape conviction (following a sexual encounter which he maintains was not really rape) some 15 years previously for which he remains on the sex offenders' register.

Section 3: Partnerships and children

Previous children

Apart from the children who were adopted, thirteen participants had had no children prior to the adoption crisis. The other seven participants had previously had 11 children between them. Of these, four were living with the children's birth mothers; four were old enough to live independently; two were in care-one fostered and the other in residential school and foster care. The birth father's parents looked after one child.

Sid and his first wife parted more than 20 years ago, two years after their twin girls were born. Sid said that his wife was neglecting the children. Both partners were dependent on drugs. Sid's parents brought the girls up but Sid is still in close touch with them. By contrast, Tony had a daughter with his first wife some 23 years ago. When they divorced, he was denied contact and threatened when

he sought to challenge this. He withdrew and has no further contact with his daughter.

Partnership history

Most participants had experienced high levels of instability and unhappiness in partner relationships, describing a pattern of previous unsuccessful relationships before they met their child's birth mother.

Relationship with the birth mother

Most participants had serious complaints in varying combinations regarding the behaviour of the child's mother in their partnership. These included allegations that their partner was unfaithful or volatile and untrustworthy; that their partner assaulted them; or that their partner abandoned them for indeterminate periods and left them with the child. Four participants acknowledged that co-dependence on drugs was a significant factor in their partnerships with their child's mother.

Accounts of partners splitting and reuniting were common. In some partnerships where couples had "lived apart together", some kind of "stand off" in the relationship was given as a reason. For example, Sid and his partner and children had been living together for some years. However, Sid's partner, because of her fear of the effects of alcohol abuse in her previous partnerships, found Sid's regular drinking unacceptable. Rather than give up alcohol, Sid opted to rent a flat of his own where he went to drink during the evenings, after the day spent with the family. Jake was uncommitted to his partner even after their child's birth and kept his own accommodation, visiting her and the children regularly and maintaining a sexual relationship.

In eight cases, participants portrayed their children's birth mothers as considerably younger, or more vulnerable than them. Simon described his partner as considerably younger than he was, with both a physical and some learning disability. Sid's partner had come from a background of an adverse childhood, care and previous violent relationships contrasting with his relatively

stable upbringing. In 12 cases, participants described their partner's care of the adopted child, previous children or subsequent children as seriously neglectful, leading to the child's removal. In some cases, participants said they were unaware of their partner's previous unfortunate childcare track record.

The survival of birth parent partnerships

Thirteen out of 20 birth fathers said that they were in a partnership with their child's birth mother before care proceedings started. Three birth fathers were "living apart together" at the time care proceedings started. By the time the child was placed for adoption, 8/20 parental partnerships were intact. One further father was in a highly entangled relationship in which it was difficult to say whether the parents were still in partnership. One birth father, who was accused of child sexual abuse, left the family home because the court required it during the case but subsequently returned. Another who was accused of physical abuse of his child was asked to leave the family home but refused. At the time of interview, 7/20 parental partnerships remained intact.

Degree of intention regarding conception

Participants were asked to describe the circumstances surrounding the conception of the "target child". This discussion usually included the quality and length of the relationship with the birth mother, whether they were living together and the economic and other circumstances at the time. Based upon analysis of the case summaries, I assigned each case to one of the four categories of conception proposed by March-Augustine et al. (2009) in their study of economically disadvantaged non-custodial men's intentions regarding conception[50].

Four conceptions corresponded with the "*accidental*" category. For example, Nigel's previous relationship had recently ended unhappily. He had a sudden emotional/ sexual encounter with a younger woman who had recently given

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[50] This typology is described in Chapter 4, Section 4.

birth to a child by previous boyfriend and was living with her own parents. Nigel and his new partner were "shocked" but "happy" about the pregnancy.

Nine conceptions corresponded with the "*just not thinking*" category. For example, Blake had an intermittent, conflictual relationship with the birth mother of his child in which the partners lived together before splitting after conflicts. Both partners were using drugs. Fertility was never discussed. The conception "just happened".

Four conceptions corresponded with the "*unplanned but not unexpected*" category. For example, Rick had lived with his partner for nearly a decade. The couple were aware of the birth mother's poor fertility and thought that pregnancy was unlikely. The pregnancy was not planned but it was welcome news.

Three conceptions were described as "*planned*" including that by Kenny who had been living with his partner for some time. The couple had been trying unsuccessfully to conceive and sought fertility treatment. They were "over the moon" when his partner became pregnant. The incidence of conceptions for each category in March-Augustine et al.'s (2009) sample is similar to that in this study, as set out in Table 3, Appendix 15.

DNA testing to establish paternity

DNA testing to establish paternity took place in four cases. In two cases in which the child's mother had had other concurrent sexual partners, participants' claims to parentage were upheld after the court ordered DNA testing. Although then granted party status, these fathers' participation in the case was delayed. In the other two cases, doubt was cast in care proceedings on participants' paternity in relation to one or more of the children of the family. In both cases, the parents were married. When DNA testing showed that these participants' paternity had been misattributed, painful adjustments in the relationship with children and partners ensued.

The role of fathers

None of the participants were sole carers for the child who was adopted and most assumed traditional role divisions regarding childcare, namely, that their partner would be the child's main carer. However, whether or not actually living with the child, some 70% of participants said that they had been directly involved in the day-to-day care of their child prior to local authority care. A further four participants (20%) said that they had taken every opportunity after the child was into care to be involved in the child's care during contact meetings. There was near unanimity that the mother's role in relation to children was preeminent. For some participants, this was because the mother had carried the child *in utero* for 9 months, which led to a closer attachment; mothers were held to be especially important to babies and young children. Participants predominantly saw themselves as helpers and to take over the care when necessary. Where parents split, it followed that usually the child should live with their mother.

Most of the participants saw an equal partnership with the mother as the ideal although with different roles. A few informants felt that it was of special importance for the father to be emotionally available for his partner. However, some spoke more about the father keeping an eye on the child's welfare and by implication, the performance of the mother in her role. This is significant because, as I will set out below, a number of fathers blamed their partners for neglecting their child.

The father's role was usually constructed as traditional breadwinner whether or not the fathers were actually working. There was also widespread agreement about a number of other idealised aspirations for fatherhood: fathers should be playmates, teachers, moral instructors and disciplinarians. They should put the child's welfare first. Several participants had been self consciously seeking to repair their own experiences of being parented by attempting to give their child a better experience than they had received. They wanted to be kinder, to control their temper and to avoid favouritism.

Some participants felt that when things went wrong (for example, in care proceedings or following relationship dissolution) they were disadvantaged vis-à-vis mothers. Both mothers and social workers would tend to reduce their contact to the child. Social workers did not take their bids to care for their child as single carers seriously. Some participants felt that it was the lot of separated fathers to suffer these indignities and that fathers just had to wait until their child made contact with them (if that happened at all) but a few had a strong sense of injured entitlement.

The participants' children who were adopted

The mean age of the target children at placement or adoption was 3 years 9 months and the age range was 6 months- 8 years. Most of the children (n=16; 80%) had been adopted; two were placed for adoption and were awaiting a final adoption hearing; in two cases, participants were unsure of their child's exact legal status. The time that had elapsed between the target child's adoption and the interview (shown in Figure 8, Appendix 16) varied between a few months and thirteen years. In the case of five participants the placement or adoption had been very recent.

For half of the participants, the target child's adoption was their only experience of losing a child to adoption. The remainder had lost more than one child to adoption. These losses include siblings adopted at the same time as the target child and also in the case of three participants, children adopted in previous episodes. Five birth fathers had lost two children; Four lost three and one birth father had lost four children to adoption.

Section 4: The adoption crisis and after

Adoption following care proceedings or voluntary care

The target children's adoptions followed care proceedings (rather than voluntary care) in 19/20 cases (95%). This is a similar to the incidence of care proceedings as proportion of children adopted from care as recorded in

government statistics (which was 93% of adoptions from care in 2008 (DCSF, 2008a)).

Whether and when the birth father had parental responsibility

Eleven participants had parental responsibility at the start of care proceedings. Of these fathers, more (6/20) had parental responsibility following joint registration than by virtue of their marriage to the birth mother (5/20). Three participants applied to the court for Parental Responsibility Orders. However, in two cases these orders were not made until well into the case. Several fathers were confused about whether they had parental responsibility or not and the legal implications. Three birth fathers never obtained parental responsibility. Figure 8, Appendix 17 sets out the data with regard to participants' parental responsibility.

A higher percentage of birth fathers had parental responsibility in this study compared with Masson et al.'s (2008) sample in which only 34% of fathers had parental responsibility. In my study, 55% (11/20) participants had parental responsibility before care proceedings and three more obtained parental responsibility during the proceedings. In all, 70% of birth fathers in this study had parental responsibility at some stage. Different sampling methodologies may account for the contrast. Masson et al. sought to survey the whole population of children and their parents including missing fathers and those not wishing to take part in the proceedings. By contrast, the participants in my study were sufficiently engaged and committed to have volunteered to take part in the study. In addition, most of the target children in my study were born after 2005 when unmarried fathers could obtain parental responsibility by jointly registering the child's birth with the mother. Masson et al. obtained their sample in 2004. Even when these factors are accounted for, it appears that up to 30% of my participants never exercised parental responsibility.

Participants' attitudes to the child protection crisis

Child protection concerns and care proceedings preceded the target child's adoption in 19/20 cases. I abstracted information from case summaries

regarding each participant's attitude to the child protection investigation and the child's subsequent adoption. I categorised these using the scheme devised by Neil et al. (2010 p81) in their study of the adoption support needs of birth parents and other relatives. This five-part categorisation focussed upon whether birth relatives believed that there had been cause for concern about their child and if so, whether the adoption plan was the best outcome. I counted birth fathers' predominant attitude to the child protection concerns and other subsidiary attitudes where these were expressed. The results are set out in Table 4, Appendix 18. The count of predominant categories suggests that *half* of the participants believed that either there was no cause for concern about their child or that family difficulties had had no appreciable impact on the child. Nine participants accepted that there was a real risk to the child. However, participants' attitudes were not always consistent. In some cases, participants' subsidiary attitudes contradicted predominant attitudes. This suggested that some participants' acknowledgement of risk may be provisional and partial. A tendency to blame others for the crisis was not far below the surface for a number of participants.

For example on the issue of risk, Stuart acknowledged that he and his partner had been responsible for physical neglect of their children but argued that more could have been done to help them put matters right and that adoption was needless. However, he also expressed doubts as to whether the physical conditions in the home had had any impact on the children's wellbeing.

Duncan typifies a father who denies any cause for concern. He completely denied allegations that he had injured his son and became angry and challenging with social workers. The allegations were, he felt, baseless and could be explained only by victimisation by the local authority. Only one participant's predominant attitude was to blame other people for the issue. Jake blamed his ex-partner's volatile behaviour and her lies to social services about his perpetrating domestic violence for his being ruled out as a single carer.

Five participants acknowledged real care concerns for their child but felt that adoption as a remedy was unnecessary or unjust. Three of these felt that although the birth mother had rightly been ruled out as a safe carer, they could have looked after the child given the chance.

Gerry, who had had a fleeting relationship with his child's birth mother, put himself forward in care proceedings as single carer for his daughter after the birth mother had been deemed unsuitable. He attended contact regularly and developed an attachment with his daughter and a partnership with his daughter's foster carer. The court rejected him as carer for his daughter because he lacked suitable accommodation and support and there were worries that he would be unable to manage contact with the birth mother whose behaviour was erratic. Although he could see the problems, he felt that this decision was unfair.

Three participants reluctantly agreed that adoption had been the best option for their children. These fathers believed that the birth mothers were not able to care for the child safely. There were good reasons why they could not put themselves forward as single carers. One had been imprisoned; another had a serious health issue; the third was undergoing residential drug rehabilitation. Many participants found the experience of assessment, the court process and subsequent adoption extremely painful and disempowering. This important theme is expanded in later chapters.

Consent to adoption

Only one participant said he reluctantly agreed with the adoption (his was the only child in the study in voluntary care). None had signed their consent to adoption. According to participants, two birth mothers agreed with and gave signed consent to the adoption; another birth mother signed her consent without really agreeing.

Participants meeting adopters?

Only 7/20 birth fathers reported meeting the adopters. A meeting was planned for another participant. Three of these cases led to face-to-face contact with the

child after adoption. All but one birth father who met the adopters had some continuing contact in his own right.

Post adoption contact

Post adoption contact included letterbox arrangements and face-to-face contact. Some of the categories below overlap since some birth fathers have more than one kind of contact.

Five fathers reported that they had no contact arrangement. One such father monitors his children indirectly through his ex-partner's mother. Another receives texts and occasional photos from his ex-partner based upon her letterbox contact. A third who is not supposed to be living with the child's birth mother sees the letters from the adopters but writes nothing back. The adopters and the child are unaware that he lives with the birth mother. So, 3/5 fathers with no contact plan monitored their children's progress through others, unbeknown to the adopters and children.

Letterbox contact plans were made for 12/20 participants (seven for an annual exchange of letters; 5 for twice yearly). Eight of these plans provide for an exchange of photos. However, in one case, no exchange is taking place because of the birth father's dispute with the local authority. In another, the arrangement has not yet started. In another, the birth father complains that only half the letters promised have been received. Two participants spoke of arrangements which have yet to commence. One birth father has discovered the location of the adoptive home, has observed the adoptive family, and sends his communications direct to the adopters including gifts in excess of the letterbox provisions and in defiance of the adoption agency's contact plan.

In addition to letterbox contact, two birth fathers have face-to-face contact with their children once a year and face-to-face contact is planned for another birth father too. Finally, one birth father had recently met one of his children (now aged 18) and planned to help him establish himself independently.

Fathers using for adoption support

Ten of the participants had used some kind of formal adoption support either from a local authority adoption support team or an independent adoption support agency. This included receiving advice, help with writing letters, emotional support and counselling, and participation in an independent agency convened birth parent or birth father support group. Of these ten, six had received advice and help with letter writing; three or four had accepted some degree of emotional support or counselling and four had attended groups.

Nigel was received support from an independent adoption support agency after his child's adoption. He valued his social worker's ability to listen, which lifted his sense of isolation: "she has helped me out so much. Y'know it was unbelievable how much she actually helped me out... just by sitting down and listening". The assistance he received helped him move forward: "Y'know ... I think I'd still have a grudge against social services where I haven't anymore". He went on to convene a birth parents' group supported by the same agency. Blake was told by social workers that he had to change to maximise his contact both with his child who was adopted and another child in care. He therefore attended counselling with an adoption support agency. He saw it as "a new way of dealing with things" and was surprised that he benefitted from it. Counselling helped him negotiate with social workers without losing his temper.

Three participants who attend a birth fathers' support group facilitated by social workers from an adoption support agency appreciated the chance to meet other birth fathers. As one father said: "It's nice knowing there's other people who know roughly what you're going through."

Fathers not using adoption support

The remainder said they had not received any formal adoption support service either because it was not offered or because they declined the offer. Seven participants said that they had either refused the offer of adoption services or would refuse if asked. These participants could not see the point of a service which made no difference regarding their child's loss or alternatively, did not

trust social workers who had removed their children. Jake would have nothing to do with any agency, local authority or voluntary, which colluded in the practice of compulsory adoption. In the same vein, Tony felt that adoption support had nothing to offer him: he was not mad; he had just suffered an injustice.

Reservations about adoption support

Other participants (including those who used some aspect of the service and those who did not) were ambivalent about their contacts with adoption support services. Todd felt that "they [social workers] look down on you all the time" using the confidentiality of adoption as a smokescreen for refusing to share information about the child's welfare. Robert, whose children were approaching adulthood, felt that the local authority adoption support team blocked the possibility of a mediated reunion.

A few birth fathers commented that they were only offered an assessment for adoption support *after* the care proceedings. A few fathers would have valued an adviser or critical friend during the care proceedings. Nigel said: "I asked the social worker what kind of support can you offer me and I didn't get an answer; I just got a blank look". Norm said that by the time he had appreciated he needed an adviser, the case was decided, leaving him stunned. Three birth fathers commented that whereas the birth mother was offered help, they were not. Duncan felt that children's social workers should not refer people for adoption support. Parents should be able to obtain help directly through parent-run groups. Three participants who refused agency adoption support services had joined birth parent support groups organised by the members themselves with a mixture of aims: support combined with advocacy. One of these participants later withdrew from attendance because of the excessive emotional demands of the group.

Most participants were unaware of their right to an assessment for adoption support services and the provisions for mediation when a birth parent or adopted adult wishes to be put in touch with each other. Only a minority of the

participants had made use of any talking therapy (whether or not related to adoption support). Several commented that they do not freely express their feelings, doubt the value of doing so or would not know how. Most took the view that it was up to them to cope with problems on their own. Three participants who had faced major life and health crises *had* undertaken talk therapy.

The impact of adoption

The three subsections which follow applies concepts taken from Neil et al. (2010) to explore how birth relatives manage three aspects of the change in their role following their child's adoption.

Comfort with dual connection

"Comfort with dual connection" refers to a birth father's ability to appreciate the child's sense of belonging to two families: the birth family and the adoptive family.

Seven birth fathers were able to affirm both the adopters' and their own continued significance for the child. For example, Mitchell recognised that his daughter would attach to her adopter and he wanted this to happen. He wanted to meet and get to know the adopter and form a working relationship with her. He realised that his daughter's adoption was irrevocable but wanted to keep in regular letterbox contact and be there to contribute in any way he could in her future:

> I want to be in Chloe's life in any way I can…it's better than nothing. (Mitchell)

Earl was one of 6 birth fathers who was moderately comfortable with dual connection. He had not been able to meet his son's adopters but felt that they are probably good people who will look after his child. He thinks they will tell his child about him and he writes letters, but he is uncertain as to whether he has anything to offer his child in future.

Joe is one of seven birth fathers uncomfortable with dual connection. He believes that the adopters have no legitimacy and that they will never succeed in building

a close relationship with his children. He perceives them as hostile towards him because they know that he is his children's only true parent. He is waiting for the day that the placement disrupts so that he can resume his rightful role.

Dealing with the impact of adoption

This concept explores the extent to which the birth father has been able to adapt socially and emotionally to the loss of his child to adoption. The adoption had significantly impacted all of the participants. Three participants seemed to be dealing adaptively with the adoption's impact on their own lives.

Nigel failed in his efforts to save his children from care. Subsequently, he experienced a sense of isolation and powerful feelings of grief. He committed a criminal offence to gain attention for himself. Since then, he has undertaken counselling. He reflected on "mistakes" in partner relationships. He met and negotiated with his children's adopters, rebalanced his commitment to work and home, embarking on a new more honest and interdependent relationship. He is now preparing to return to paid rather than voluntary employment and for the birth of a new child.

Mitchell was one of 6 birth fathers who seemed to be adapting moderately well to the impact of adoption. For Mitchell, his daughter's loss to adoption underlined how serious a life crisis he was facing. His relationship had ended. His substance abuse was putting his life at risk. He was depressed and unable to mobilise himself to save his child from adoption. He saw "history repeating itself": he was neglecting his child in the same way as he had been neglected. After false starts, he began months of residential drug rehabilitation. Although remaining vulnerable and grieving for his daughter, he is attempting to rebuild his life: "Onward and upward…that's all I can say."

Sid was one of 11 participants who appeared to be coping poorly with the impact of adoption. The loss of his children to adoption reactivated previous bereavements. His feelings of depression and despair have hardly changed since the adoption. He feels that having removed his child, no one pays him any

attention. He cannot bring himself to chase up the letterbox contact arrangement which never materialised. Regarding his children who were adopted, he said: "I feel hopeless really, not being able to help them".

Feeling about the outcome of the adoption for the child

Half of the participants were confident that their children would be well looked after and would thrive with the adopters. Phil, who met the adopters and helped select them said: "I … know he's in good hands and in no danger. He's well looked after". Billy (who has face-to-face contact) reluctantly admits the adopters are good parents. Earl, who has never met the adopters said: "He sends a nice letter back and tells me what he is doing and he is happy and that is the main thing".

Seven birth fathers are unsure of the outcome. Duncan finds it difficult to tell how his son is just from rather bland letters from the adopters. Photos would be better. Bruce sees photos of his daughter looking happy, but he has no idea what the adopters are like as parents and he worries about his daughter.

Three birth fathers predict a detrimental outcome for their children. Jake, who has located his children's adoptive home and school, reviews school website photographs regularly and has even observed his children in public places, is convinced his children are unhappy and neglected.

The birth father's life after adoption

Current partnerships

Of the 12 participants who were no longer in partnership with their child's mother, five had formed at least one subsequent partnership.

Birth fathers' subsequent fertility

Most birth fathers had considered social services' possible interest in any attempt by them to have further children. Three birth fathers have embarked upon parenthood again. Todd, who was at the margins of a previous adoption crisis has had three subsequent children with a new partner. Social services took no interest. Sid, who remained with the birth mother, has had one further child

who has been monitored by social services but is not now subject to child protection procedures. Nigel has a new partner and is expecting a child. He has advised social services but does not anticipate intervention.

Stuart and his birth mother partner who were held responsible for chronic neglect of their previous children have had two recent miscarriages, use no contraception and seem resigned to further social services intervention if they have more children. Two birth fathers expressed their defiance of social services by declaring their right to get their partners pregnant in spite of the threat of care proceedings. One birth father said he had considered leaving the jurisdiction in order to avoid social services' attentions and have further children.

Norm, whilst not actively planning further conception, says that should it happen he would conceal the birth from social services hoping that by the time the child's existence came to light he would have been able to prove his capacity to care for the child safely. Jake, who has formed a new partnership in which unlike his first partnership, there is no violence, plans to combine stable family life with a refusal to cooperate with social services as a strategy of protecting subsequent children from adoption.

However, five birth fathers, fearing the prospect of further social services intervention, seem to accept that their children's removal for adoption constitutes a permanent bar to further parenthood. They describe how this acceptance affects their contraceptive practice and in the case of Tony, choosing as a new partner a woman who does not want children. Only fathers resident at the adoption crisis felt this bar to parenthood. Another group of fathers have no current partners and/ or are focussed upon the welfare of their existing children. Two such birth fathers expressed the intention of not having further children outside of a settled relationship or marriage.

Role as a father now?

Three groups of fathers were identified in respect of participants' discussion of the future role they might play in their child's lives. Half of the participants took a somewhat passive stance with respect to a future role.

Four participants see themselves in competition with the adopters for a place in their children's live in future. Six participants were to some degree active in developing their future role. They tended to demonstrate two or three of the following characteristics:

- Keenness to make the best use of contact with their child.
- A sense of working alongside the adopters rather than against them.
- An appreciation that the future was uncertain and they must be flexible and try to adapt to the child's needs.
- A determination to be a father to inspire pride in their returning child.
- A willingness to be link with the child's past and a resource for the child.

Summary

This chapter has provided a descriptive overview of the data regarding the characteristics of participants in the study based on participants' accounts. The participants are predominately White British by ethnicity and most are economically and educationally marginalised men. Many are unemployed. A significant minority have had adverse childhood experiences, previous mental health problems and have been involved in substance abuse. A few were in care as children or have been imprisoned. The participants report a troubled previous history of intimate relationships and most are no longer in partnership with their child's birth mother.

Participants' reported relationship quality and conception intentions resembled those of fathers in March-Augustine et al.'s (2009) study. For many participants, the child's conception was careless: the birth was likely to have occurred in the context of an insecure relationship with the birth mother, in contexts highly unpropitious for family life. Nonetheless, most participants seem to have ambivalently desired fatherhood and most opposed their child's adoption. Many

participants claimed to have been involved in the child's care although most saw the birth mother as the main carer with themselves as helper and breadwinner.

Although by the end of care proceedings most of the participants had parental responsibility, a significant minority never exercised it. Most of the participants resisted the idea that their child was at risk. Most opposed adoption. Most of the participants had not met their child's adopters. Post adoption, most participants had at least letterbox contact though a few had face-to-face contact with their child. Many participants had reservations about using adoption support or talk therapy and many were coping poorly with the impact of adoption. A few participants had begun to work out some role in the future of their child who was adopted, though most had not.

There are many points of resemblance between the study sample and birth parents facing care proceedings described by Masson et al. (2008). Resemblances include their socioeconomic status and the range of personal and social difficulties they face. The participants are unlike Masson et al.'s sample in that this study does not include birth fathers who were completely out of touch with the child at the time of the adoption crisis.

Chapter 7: Grounded theory categories and typology of birth fathers

Introduction

In Chapters 7–10, I will set out the findings from the grounded theory analysis of the interview data.

In this chapter, I introduce the sub categories and the key category identified in the data. There follows an outline of a threefold typology of birth fathers in this study corresponding to the study's key category.

In Chapter 8, I will present findings in relation to one of the three types of birth fathers identified: the "Vindicators".

In Chapter 9, I present the findings in relation to the second type of birth fathers: the "Resigners".

Chapter 10 sets out findings with regard to the third type of birth fathers, the "Affiliators".

Section 1: Identifying sub categories and a key category

Following open and focussed coding, I identified five sub categories and one key category arising from the data. These are illustrated in the diagram at Figure 10. The arrows in the diagram indicate interaction between sub categories and also a schematic chronological process typically beginning with child protection investigation and care proceedings and ending with the point the participant had reached at the time of interview in the post adoption process of constructing a new birth father role. The sub categories identified were as follows.

Figure 10: Sub categories and key category
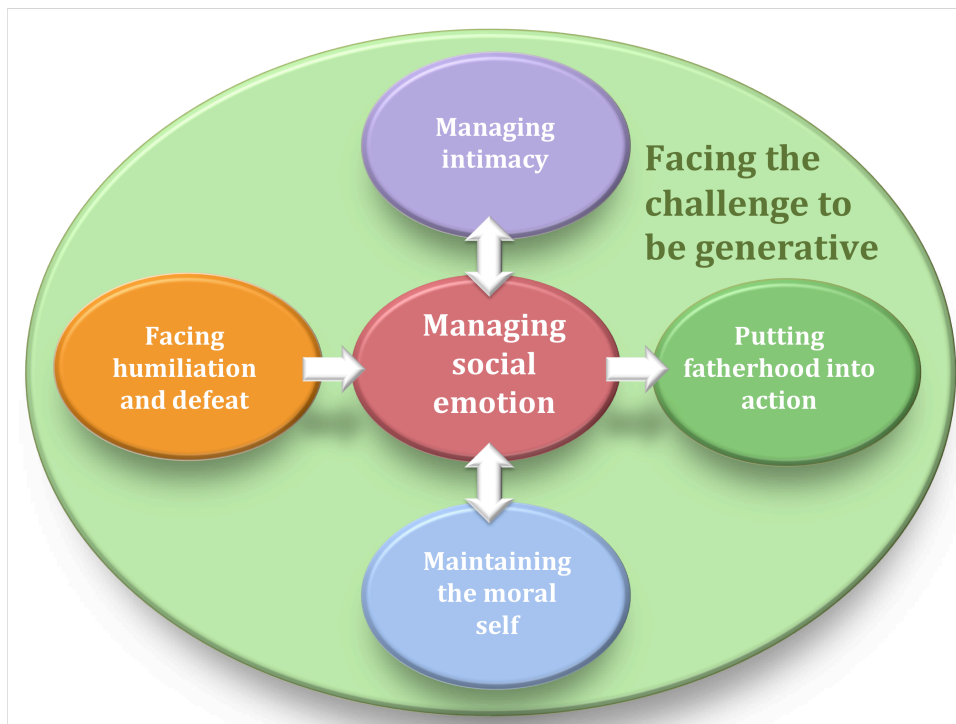
"Facing humiliation and defeat"

> *More in number than the hairs of my head*
> *Are those who hate me without cause;*
> *Many are those who would destroy me,*
> *My enemies who accuse me falsely. (Psalm 69:4)*

Experiencing humiliation and defeat during the adoption crisis represented the most prominent theme in the interview data. All but five participants mentioned these themes, many at great length. The forceful title of this subcategory is warranted not just by the sheer quantity of data, but also in the high level of associated emotion, suggesting that the adoption crisis had enormous impact on the emotional lives of most participants. Instances of humiliation were seen as part of a process that continued for many months and which continue, for many, to reverberate in the present.

This sub category concerns the birth fathers' perceptions of being blamed,

humiliated, entrapped and stigmatised by local authorities and the courts. The word "humiliation" is used to describe being demeaned by the antagonistic actions of others in the presence of spectators. Participants felt "defeated" by virtue of suffering catastrophic loss of status and relationship to their child, having their case rejected and suffering consequent stigmatisation. "Entrapment" denotes facing humiliation and defeat but being unable to escape from the arena of defeat- usually care proceedings.

Only four participants explicitly articulate their experience as humiliating (or a linguistic equivalent) perhaps because shame and associated emotions may be shameful to name especially for people who are prone to experience them most acutely.

The following quotations exemplify the extent and range of the experience of humiliation. Most participants spoke of feeling that they were *demeaned* in the course of the adoption crisis:

> I don't think they took me seriously from day one really… they didn't really get to know me … so there's probably times I just thought: 'Yeah, they don't care about me being involved. I'm nothing, I'm scum'. (Eddy)

> They [social workers] look down on you all the time–it's horrible. (Brian)

Many participants were acutely aware of being subject to the *judgment* of social workers and the court:

> …you've got social services listing out your shortcomings to the court like… to hear the things they say, I suppose it makes you realise what a bad person you are. To hear, and feel just such embarrassment and ashamed of it. (Shane)

The actions of social workers were perceived not just as demeaning but *malevolent* in intent:

> …this particular social worker went out of her way to … take our family and tear it apart really. (Glenn)

The experience was intensified when the participant's diminished worth was revealed to an influential *audience*:

> I thought I was really good at being a dad, then you're told you're the shittest dad in the world and you can't have your children takes chunks away from any confidence you might have. When I get low moments Emma [partner] says: 'you know that's not true James.' It doesn't matter it still hurts. It's been put in black and white and that's what people think of you. (James)

For some of the participants, matters were made worse by their feeling that they were being mocked:

> I feel like they're laughing at me under their breath, you know like when I'm telling Alison [social worker] things, she's writing things down. I think she's laughing at me under her breath but not showing it. (Brian)

The humiliations that the participants described were of two kinds: personal and institutional. Firstly, participants reported person-to-person humiliation by children's social workers. A very few supportive comments about children's social workers were heavily outweighed by comments alleging a variety of negative personal qualities and actions. For example, social workers were characterised as *malicious and overbearing*;

> ...she [social worker] was very quick tempered; she was nasty. There's practically nothing good to say about her. (Paul)

They were seen as *patronising and demeaning:*

> Like she [social worker] wouldn't speak to me properly, she'd speak down to me as if I'm a piece of shit- sorry about that [laughs], but that's how she would actually speak to me as if I was dumb. (Ajay)

Some were *bossy and officious*:

> ...never smiled, never friendly, you know, just particularly attention to detail and she made sure that we knew she was the boss. (Paul)

In contrast to what social workers were meant to be like, they were represented as *uncaring*, *deliberately unhelpful*, even *racist:*

… you know, if you don't care, don't be in the poxy job … because at the end of the day you know it is a terrible job they've got. You know, even I admit that. I think some of the time they cause a lot of problems for themselves. (Jeff)

I do believe race came into it. I'm not just playing the race card because I can … you can tell somebody just doesn't like the colour of your skin … (Ajay)

They pretended to befriend families but were actually *treacherous*:

She came out acting as if she was … being my friend type- sort of thing, in the meanwhile doing an assessment on us which I'd rather her had come out to us and said: well, I'm here to do an assessment on you, blah-blah-blah, but that was all like cloak and dagger. (Ajay)

Participants also portrayed children's social workers as overzealous, corrupt, lazy and secretive.

However, some saw themselves pitted not just against antagonistic social workers, but against a hostile and powerful bureaucracy with all the cards stacked against them. Participants noted the *systematic* nature of their humiliation and defeat-

…with social services you're in a system, it's a system they're in right where they look down at you every chance they get. They're looking down at you, you know. (Jeff)

I am telling you now. You got kids yourself? I tell you now don't ever let social services get involved they are the destroyer of families … and its nothing personal against them it is the policies that I have a problem with. (Wayne)

There to help the people. That was my belief. That's what they're there to do. Not to turn round and take shreds off me and try and take my children away from me, try to give me 'support and help'. Working in partnership is the bloody buzz phrase. You're not; you're working against me. (James)

This system is perceived as having an inbuilt prejudice against birth parents informed by deficit thinking:

… they use everything against you- absolutely everything. You've- you've- you've got to be – whiter than snow. (Martin)

… they didn't look at my strengths you know that I was going out of my way to sort myself out.
So how was that making you feel?
Feel like shit… Like I didn't mean nothing… (Eddy)

Many participants felt *lied about* and *lied to* by representatives of the local authority.

… every time I went to see a social worker… it was like I couldn't trust 'em because I couldn't believe a word they were saying um so … every time … they were lying to me … every step of the way. (Graham)

It was deliberate, it was all deliberately manipulated. All the statements were deliberately manipulated… Don't blame me that there's no relationship there. They're the ones telling lies. Social workers don't lie. They fucking do. Excuse my French. (James)

Where participants had hoped to be able to challenge social services' "lies" in court, they found that the court system was stacked against them too:

… we weren't allowed to call them liars because they were professional according to the judge. They could call Anna [partner] a liar when Anna were on the stand. They repeatedly called her a liar. But when we had documented evidence by their own hand that they were lying we couldn't call them a liar… Its one law for them, one law for us but if we have a law that's on our side that we can kick their arse, they'll change it to suit themselves. (Roy)

One participant, believing that the whole court process was a "farce" because the judge and the other parties were "in social services' pocket" describes his intense feeling of *entrapment*:

My solicitor and barrister forced me into the courtroom once and they saw how it affected me. They never did it again.
How did it affect you?

I was shaking, getting depressed, angry. (Alex)

Other "system" issues which contributed to their humiliation were *inflexibility*, *obfuscation* and *social workers hiding behind the organisation*:

Every time I went and see 'em it was like hitting a brick wall … You couldn't get a straight answer out of anyone. (Graham)

I'll ask … them something and like well I'm not prepared to answer that, or … I'm not actually authorised. Well who is authorised? (Ajay)

Part of the reason for this may have been transitory involvement of social workers (some birth fathers had had 7 or 8 workers) and case transfer between teams leading to poor communication and inconsistency.

This, however, did not prevent social services demanding consistency from birth fathers. They were required to "jump through hoops" by taking part in demeaning and in their eyes unnecessary assessment procedures. Others felt that social services deliberately "moved the goalposts" by introducing new demands or invalidating positive actions by the birth father.

Several complained that they were powerless, intimidated and confused in case conferences and reviews. The professionals had choreographed these meetings beforehand and there was no real interchange:

[Professionals] put their boot in before we got there. (James)

… it felt being more dictated to rather than like … having an actual discussion. (Lloyd)

"Managing social emotion".

This sub category, which has proved the most important theoretically, concerns action taken by birth fathers to manage their social emotions in response to the adoption crisis. "Managing social emotion" has less data coded to it than "facing humiliation and defeat" and "maintaining the moral self". This can be explained

by the implicit nature of shame, the most commonly occurring social emotion to be coded in this subcategory. Much data coded to it signaled implicit rather than explicit emotion. As Lewis (2003 p1187) has remarked:

> Shame is like a subatomic particle. One's knowledge of shame is often limited to the trace it leaves.

However, once perceived, the coding of material to this central sub category indicating the presence of shame had considerable explanatory power and brought into play a great deal of the data contained in the other subcategories, particularly the rich and populous sub categories "Facing humiliation and defeat" and "Maintaining the moral self". This sub-category formed the hub of grounded theory analysis and theory generation since it integrates and models the way birth fathers manage social emotion, mediating the considerable impact of the humiliating adoption crisis described above.

"Managing social emotion" satisfies the criteria set out by Strauss (1987 p36) for designating a "core category". As Strauss suggested should be the case for a core category, "Managing social emotion" is central to other important categories. It is the case that "indicators pointing to the phenomena represented by the core category ... appear frequently". According to Strauss, the core category should relate "easily to other categories", which is the case with the two other main subcategories. Finally, designating the subcategory as the hub of the analysis has allowed for what Strauss calls "maximum variation to the analysis, since the researcher is coding in terms of its dimensions, properties, conditions, consequences, strategies and so on".

Designating "Managing social emotion" as the central subcategory has cleared the way for the exploration of such variation and made the development of theory feasible. The sub category integrates participants' attempts to preserve a sense of themselves as good people (in the sub category: "Maintaining the moral self") and aspects of their intimate relationships (in the sub category: "Managing intimacy") to support their preferred social emotions strategy with consequences for their future role as a father ("Putting fatherhood into action").

In this sub category, I collated and analysed birth fathers' responses to the challenge of being seen by others as having offended against social expectations, activating the "social emotions" of humiliation, shame and guilt in particular. Here, they assess the significance for the self of the painful experiences they have had in care proceedings, monitor the intensity and valence of their emotions, take a position as to the extent of their own responsibility for the loss of their child and manage their social emotions to protect their sense of self where they feel it is threatened.

Analysis suggested alternative ways in which birth fathers expressed and managed social emotion. A number described outbursts of *humiliated rage* in which the participant responds to perceived hostile treatment with anger. For example:

> There was a time I very, very nearly punched Mary [social worker] and threw her down the stairs. I wanted to do that, but I would have ended up in jail if I did that, so I didn't. But there was a time I really wanted to literally squeeze her neck, because that's how much I hated her. (Paul)

A further consequence was a desire for *vengeance*:

> You asked me if I have an anger problem. I have one now. Because these people should be made to pay for what they did. (James)

A consequence for some participants was a need to *withdraw* from the arena in which humiliation took place often accompanied by a sense of *demoralisation:*

> I just feel depressed, angry, lonely. It's like having your emotions ripped out and chucked on the scrap heap. (Roy)

A few participants, particularly those not directly held responsible for child maltreatment, managed social emotion in a way that allowed them to mobilise themselves without being controlled by anger or becoming demoralised:

> I thought the best way to deal with it was walk out, calm down, live to fight another day ... If they thought I was angry or aggressive they won't want to see me

again, they might, as it turns out they [children's adopters] wanna see me in November so I think I made the right decision. (Shane)

Participants who were shame prone dealt with humiliation by showing humiliated rage or withdrawing. Guilt prone participants although experiencing painful social emotions regarding their child's adoption were able to focus on action and engagement.

"Maintaining the moral self"

This sub category concerns the construction of narratives in which birth fathers depict themselves as worthwhile people. Most participants, believing that their public image and moral status had been radically challenged, expended effort and ingenuity to achieve this end. Activity to maintain the moral self takes place in parallel to the managing of social emotions. Analysis of data showed that there was a correlation between participants' social emotional strategy and their style of moral argument.

"The Fight" against adoption

For a number of participants fighting for their child or having fought for their child was a central organising concept for depicting themselves as worthwhile people. Participants portray "The Fight" to prevent the child's adoption as a social obligation which it is shameful to avoid. Other parents or members of the father's network require it. But most importantly, a number of participants imagine that their child, assuming they meet again, will need to be convinced that the birth father fought to keep them. The expectation to fight also appears to be informed by the participants' traditional masculinities. Participants were conscious of expectations that fathers should protect their family from aggressors. Alex demonstrates this sentiment:

... it's the way I am. They picked on me and my family. I'm still fighting them now.

Most participants endorsed the notion of "fair play": men should "do-as-you-are-done-by". So, attempts to trespass on the birth father's family domain demonstrated hostile intent and bad faith and called for symmetrical action to

repel and punish the aggressor. For example:

> You know but I warned her [social worker] what I would do to her if she mucked about I would do everything possible to get her out the door which I done. Not as I wanted to. If she'd played the ball I would have played fair. I didn't play dirty. She got herself the sack. (Jeff)

Although "The Fight" justified those fathers who were pursuing active conflicts with social services, it was also cited by birthfathers who had relinquished the fight but wished demonstrate that they *had* fought to try to prevent their child's adoption:

> Maybe one day I'll see them again. Until that day comes there's nothing really I can do. We've fought and fought and fought and there's nothing we can do. (Glenn)

Five kinds of moral argument were adduced by participants to support their favoured versions of "The Fight".

"Accusing the accusers"

Like "The Fight", this form of moral justification defended the moral integrity of the birthfather by attacking rather than defending. The attack against the accusers of birthfathers (usually social workers) diverts attention away from the moral self to be defended, towards accusers who are found to be deficient. This attack has two main strands.

Social workers' moral character and integrity is questioned. They are portrayed as motivated by *personal spite* or *hypocrisy.* They are hypocritical in that their actions contradict the very purpose for which social workers exist: they *persecute* families in trouble instead of helping them. Their *hostile provocative actions* and *lies* are responsible for causing angry outbursts in participants for which, to add insult to injury, birth fathers are then blamed. For example:

> Being lied about and being accused of being a liar when you're the one telling the truth. And they're all laughing, going ha-ha behind this. Because 'look at him, the bloke's getting angry'. What you're doing is your playing into their hands because what then happens is you get frustrated and angry and then it's: 'look! He has an

anger management problem'. 'No I haven't! I've got an anger problem because you are telling lies about me and accusing me of being a liar'. (James)

Participants also question social workers' *competence,* alleging that social workers lack the common sense needed to distinguish between abusive and protective families. They harass innocent families and fail to protect children who are really being hurt. For example:

> ... first started for me like ... Baby Aaron - like it's kind of similar to Baby P ... Like I felt angry like uhm how could social services let that ... happen but they gang up like er me 'cos I had no history of violence and so on and so forth and I wasn't a threat to my daughter. (Lloyd)

"Constructing self as never morally wrong"
In this discourse, participants construct themselves as of consistently good moral character. Allegations regarding the child and previous childcare issues are denied. Reform narratives are therefore unnecessary. James provide an example:

> I said I haven't done anything wrong. I'm not going to admit to anything I haven't done to satisfy the court. (James)

Alternatively, the birth father may accept that the child was harmed whilst in his care, but deny responsibility because of the existence of other factors (for example, his own care history, problems with his family of origin, incapacity, drug addiction etc) or he may construct himself as a protective parent to his child and his partner as risky and abusive.

"Neutralising accusations"
Most participants using this moral justification did not make "a frontal assault on the norms" (Sykes and Matza, 1957 p667) which they were accused of breaking. Instead the concern was to weaken, relativise and deflect accusations, neutralising their impact. In this example, a father accused of pervasive physical neglect of his children selects one aspect of the alleged neglect and then seeks to redefine and minimise the issue:

> Yeah, 'cos like I have actually grown up collecting clutter. I'm one of these people

that collects and collects and the house was … untidy but it wasn't actually dirty…
(Ajay)

James seeks to normalise family conflict, resisting the "domestic violence" label:

We don't resort to violence. We're like any couple. I'd challenge anybody that says
we've never had a cross word. Rubbish.

"Defending self as good parent"

In this discourse, participants assert that, contrary to their depiction by social
workers, they are loving, attentive fathers. Other people (neighbours, friends,
professionals) may be cited to support this proposition. Glenn's credentials as a
loving father are attested here by a relative who is also a professional:

… my brother in law was a doctor … and he came to stay … with me for a night and
we took Rory [child] to a restaurant … and he said there's nothing wrong with
Rory and he sent a letter to the court saying he had spent time with me and in his
medical profession he felt Rory was well balanced, had a good relationship with
me … (Glenn)

The participant may contrast his idealised fatherhood construction with
depictions of monstrous child abusing parents in the media. Here the birthfather
seeks to merge with the rest of the community in stigmatising "the real child
abusers". He may also cite other parents in his community who are clearly failing
their children and yet are not subject to child protection procedures, e.g.:

[His child's development was] way ahead of lots of kids around here but y'know
who don't have parents as good as they should do, shall we say? (Martin)

"Constructing a reform narrative"

In "constructing a reform narrative" the participant acknowledges and accounts
for a past negative self affecting his child's welfare. He claims restored moral
status on the basis that he is reformed or in the process of reform. Here, Ryan
accounts for his "addictive personality" resulting from his early adverse
upbringing:

I had an addictive personality from the age of nine you might as well say that's
when it started building, my way of dealing with all what happened to me and

forgetting about it. (Ryan)

Following a turning point (an important existential moment in which the birth father feels summoned from his spoiled moral state) a transformation took place reinstating the birth father's sense of essential self worth:

> … it was only from when I become a Christian in 2000 in prison … after I had attempted to cut the jugular and I was in what they call a strip cell. I started really turning my life around in i.e., living as best as I can and near as I can to what the Bible says we should live… (Ryan)

Birth fathers with reform narratives accept some responsibility for what went wrong, although not usually to the full extent of the accusations levelled by social services. The main variation in reform narratives appears to be between those in the process of realisation and those which are faltering.

"Managing intimacy"

Intimate partnerships were problematic for most participants. Aspects of relationships, particularly relationship failure, were prominently featured in the interview data both in terms of frequency and emotional emphasis. Factors associated with partnership difficulties included the partners' unwillingness to commit, unplanned conceptions, addictions, problem behaviours including domestic violence and relationship stresses exacerbated by the childcare crisis, investigation and court case.

Although it is likely that further detailed analysis would reveal a richer story of birth father relationship patterns than that offered here, the following factors were present in much of the data and help to clarify the main story emerging from the analysis concerning the processing of social emotion.

"Hiding behind the partner"

Most of the participants believed that it was their partner's role to be the child's main carer. Even where birth fathers did not blame their partner for the child's removal and adoption, this role distinction allowed participants to distance

themselves to some extent from criticisms by social workers of the family's childcare. Hiding behind partners enabled participants to maintain the moral self and reduce shame. Resident birth fathers could cast themselves as family spokesman or defender, as in this example:

> I attended every one [core group meeting]. Selma [partner] didn't.
> *Why was that?*
> Er- Because Selma felt as if she'd been the one that was being picked on… because obviously with me I'm just upfront and tell you what I think … (Ajay)

Where the birth father had left the family, identifying the child's mother as main carer and his role as provider provided a rationale for the family's loss of the child. So, Martin believed that he successfully carried out his provider role in the family although social workers found the birth mother deficient in hers as carer. He angrily disagreed, but there was nothing to be done since childcare was *not his responsibility*.

"Blaming the partner"
Birth fathers also managed their relationships in terms of social emotions by holding partners responsible for the adoption disaster. Most of the participants did this to some degree. This incorporated assertions that their partner neglected or abused the child. It also included claims concerning the partner's failure as an intimate partner including erratic behaviour, aggression and violence, substance abuse, abandoning the father and child, being unfaithful and so on.

James felt his partner tricked him into conceiving his children. He claimed that she became mentally unbalanced and attacked him viciously. Finally, she abandoned the children, tipping a family crisis into care proceedings and adoption. Sonny claims he was tricked into conception by an acquaintance who hid her disastrous previous childcare track record from him. Wayne characterised his partner as adulterous and neglectful of their child.

Other participants noted their partner's "failings" more in sadness than in anger.

Graham, who accepted some responsibility for his failing relationship, watched helplessly as his partner succumbed to depression and was unable to look after the children safely. Ryan, whilst imprisoned, heard of his partner's drift into drug abuse, prostitution and child neglect.

"Sticking together"

The child protection and court process tended to push couples apart sometimes intensifying already troubled relationships. Although 13/20 participants were in a resident partnership before the adoption crisis, only seven remained in partnership with their child's mother by the end of the crisis. On the other hand, the adoption crisis seemed to drive some couples together. Ajay and his partner retreated further into each other's company in the face of outside intrusion. In the case of Alan and his wife, even the revelation during the proceedings that the child subject to care proceedings was the result of an adulterous affair failed to separate the couple. Alex and his partner refused to separate when Alex was accused of child maltreatment and his partner was urged by lawyers and family to seek to become a sole carer.

Where participants and their partners retreated together from the humiliations of the adoption crisis, the partners' feelings of shame, loss and anger needed to be carefully managed. Couples had to be careful not to blame each other or jeopardise the relationship. Moreover, "sticking together" may not be achievable where partners were dealing with adoption related emotion in incompatible ways. One reason given for the foundering of Lloyd's partnership with the birth mother was that he was more concerned to press for contact whereas she had "given up", which angered him. On the other hand, Nathan, humiliated and wearied by his child's adoption temporarily left the birth mother because he found her campaigning stance intrusive and troubling.

"Making a new start"

Five participants had commenced new partnerships, all of them presented as positive and supportive. Fundamental to these partnerships was the issue of whether the birth father was able to share the painful story of his child's

adoption with a possible partner without being rejected. Shane, still single, explains why this is a crucial issue freighted with the possibility of further humiliation:

> I don't think I'm a complete write off but I don't want to get involved in a relationship because most women want kids and as soon as they find out my two kids are adopted and I've got two in care they're going to think: 'bad dad', you know? (Shane)

Graham describes the sense of liberation which came as a result of daring to share his story with his current partner:

> I was really worried because I thought that how can any woman want to be with a person who's lost their children through adoption. I was wrong, very wrong um because she says to me what happens is in the past wasn't your fault … It was nobody's fault and … she does support me a lot … I think that was the best thing I ever done was told her… (Graham)

Although the birth fathers who had new relationships all spoke positively of their new partners, a new partnership in itself did not predict birth father shame or guilt proneness in relation to the adoption issue.

"Putting fatherhood into action"

In this sub category, I analysed participants' approaches to the challenge of constructing a new birth father role following the child's adoption. In terms of grounded theory analysis, these can be seen as the consequences of the previous choices, conditions and circumstances set out in previous sub categories. The following main themes and dimensions emerged from the analysis.

Acknowledging a changed father role

In order to imagine a new role in relation to their child, it seems to be essential that birth fathers are able to accept to some degree that the adopters have taken over the role of day-to-day carers. Most participants resisted this idea or were demoralised by it.

A few seemed more adaptive. Shane, for example, acknowledged the adopters'

mandate to be day-to-day parents. A fundamental change had taken place; he now had just a "back seat" role:

> *Who are the adopters to them [the children]? Will they be mum and dad?*
> I'd like to think that they would be yeah because I want the kids to be settled they need to be to be happy you know? I've just got to take a back seat until they're eighteen and then my time will come. They can be a mum and dad to my kids until then. Then so be it, it's the best thing. (Shane)

Preparing for a new role

Most participants had had little preparation for identifying a new role. A minority seemed to have used experiences during the adoption crisis, particularly in partnership with foster carers, to "practice" moving from a resident to a visiting parent role. These foster carers also provided a sounding board for some fathers regarding their disappointment in not achieving restoration and the prospect of meeting the adopters.

Keeping the child alive and present

For most participants, keeping the child alive in their imagination was an important issue. Many spoke of thinking very frequently about their child. However, the valence of those recollections and participant attitudes to new information about the child's progress varied. Some remembered their child with anger and pain rather than joy. They rejected untrusted information from adopters in favour of claiming their own inherent knowledge of their child's true nature. Others ruminated sadly about their child, struggling to integrate new information with fading first hand memories whilst investing existing photographs and mementos of the child with special power and meaning.

A minority, including those with face-to-face contact, had mixed feelings of sadness and joy when their child came to mind. For them, remembering their child was not so intrusive and constant and first hand knowledge of the child's progress seemed to obviate the need for imagination and speculation.

Having time on your hands

Several participants indicated that they felt oppressed by the prospect of waiting indefinitely to see whether their child would seek them out:

> ... we're not talking months. We're talking years. You know in that time ... anything could happen. I could sort of 'give up the chase'. Some people are like it- give the chase up. You know because it just gets too much. They flip their lid. (Jeff)

Those who were convinced that they would meet their child again tried to manage their lives so that the wait did not constantly oppress them. Ryan compared the waiting to his previous long prison sentence:

> ... the last thing you want is a calendar and a watch- same with- I looked at it a bit like that with my boys and the adoption. The last thing I want to do is keep reminding myself of what's I've lost. So I let all the main part of the years get behind me because I knew there would be that point in time when they were eighteen and that would be the time to start thinking about the future. (Ryan)

Participants were faced with the challenge to get on with their lives in the meantime whilst trying not to fret continually about their lost child.

Contact and birth father role formation

Although those birth fathers with face-to-face contact did not idealise the arrangement, it was clear that they were in a far stronger position to develop a new role as birth father than those who had letterbox contact, contact by proxy (perhaps through the birth mother) or no contact at all. Having your child in mind continually and enduring the uncertain wait before meeting the child again appeared less burdensome for fathers with face-to-face contact. These fathers also appeared more encouraged and focussed in pursuing reform narratives.

Reform narratives: becoming a father to be proud of

A number of fathers felt the need to make significant life changes so that if their child should seek them out, they would be fathers to inspire pride. For example:

> I want to show Aron that I made my mistakes but it took me a while to put things back together again and be a credit to him if he ever wants to know me, to be in that position if he ever comes looking, that he won't see me as an old wreck, but

someone who's holding their life together. (Glenn)

However, some birth fathers signal that their reform narrative is faltering:

… I suppose getting on with life really, being realistic, growing up, I haven't really shown much signs of doing that lately and I've tried my best [slows down] um and um [pause]… (Glenn)

So, some birth fathers seemed to be realising reform narratives whilst others denied the need for them or indicated that the challenge is currently beyond them.

What is the birth father role?

Shame prone fathers had poorly developed concepts of their future role for their child. A few regarded themselves as the only true parent to their child, made no concessions to the adopters' position and lacked rich contact with the child. Many lacked initiative and failed to develop a role. Guilt prone fathers were prepared to be pragmatic, recognised the adopters' position and tended to experience richer contact. Participants who were realising an active role in their child's lives post adoption were notably less preoccupied about their children and freer to invest their energies in other aspects of life as Graham describes:

Y'know I've had to move on from that part of my life … Although my children are still are a big part of my life and I'd never forget about 'em.

By contrast the other participants' biography and horizons were overshadowed by the adoption crisis. They appear to struggle to find a meaningful birth father role and although comparatively inactive in relation to their child were more preoccupied with their child's adoption to the extent of constricting their current lives.

"Facing the challenge to be generative"

The key category, "Facing the challenge to be generative" comprises the combination of all the previously mentioned sub categories. It conceptualises the

birth fathers as social actors negotiating with others, as people grappling with the social emotions and loss, claiming or relinquishing a new role in their child's life which they are able to follow through differentially, related to their social and emotional status. The focus of this activity is the fathers' freedom or otherwise to be generative, namely, a present and future resource for their children who are adopted.

Section 2: A typology of birth fathers: Resigners, Vindicators and Affiliators

In this section I outline a threefold typology which, I suggest, characterises the predominant cognitive and emotional styles of the participants in this study. As with any typology, participants do not correspond exactly to the profile for a particular "type". For example, individual Resigners share some of the thoughts and feelings of Vindicators. The claim being made is that in terms of the salience and the predominance of particular expressed attitudes, thoughts and emotions, individuals can be helpfully conceptualised as falling into one of these three groups. These types are not necessarily static. Whereas some participants appear firmly located in a particular type, others appear to be in the process of transition and migration. The typology is as follows.

Vindicators

> They [assessment centre] had said I wasn't putting my children's emotions above myself; that I was embroiled in a fight with the local authority and the local authority were revelling in this. Of course I was embroiled in a fight! Those bastards had been lying about me! They wouldn't give me the evidence to show I was right and hadn't been lying. (James)

Vindicators are birth fathers whose main preoccupation is to oppose to what they see as a major injustice: the compulsory adoption of their child. The evident emotion which guides their thinking and action is anger which may be realised by verbal or physical aggression (or its threat) towards those identified as opponents.

This anger is directed particularly towards social workers, social services departments and the courts perceived to have been hostile towards them by acting in bad faith to rob them of their child. Vindicators are concerned to exonerate themselves in relation to their child's adoption and to present themselves as the child's only true father. They may show a desire to punish those who are responsible for the perceived injustice. Alternatively, they may seek to avoid any contact with their persecutors for fear of re-experiencing uncontrollable rage. They may also pursue vindication by other routes: for example, by means of litigation and complaint procedures; defying confidential adoption arrangements by tracking their child's adoptive placement; and seeking out like minded birth parents with whom to share their sense of outrage.

Vindicators speak of seeking the chance to prove to their adopted child the injustice of the adoption. They tend to believe strongly that their child's adopters are not their true parents and that their child is likely to be unhappy in placement. Some express the hope of resuming their role as the child's only true parent but others may concede that the adoption has probably removed that prospect. Because of their suspicion of social workers, they may find it difficult to engage in contact, which often requires cooperation with letterbox systems governed by practice rules, which tend to inflame them.

In terms of the impact of the adoption crisis, Vindicators tend to be making poor recoveries. Vindicators make little mention of experiencing grief and sadness. Instead, they may complain of depression with intrusive bouts of anger sparked by reminders of the humiliations of the adoption. They are usually reluctant to seek adoption support which is perceived as colluding with the unjust practice of compulsory adoption. Therapy, even through independent sources, is usually unacceptable to Vindicators since they identify the problem as external to them (the injustice of adoption) rather than their own mental wellbeing. Vindicators comprised a quarter of the participants.

Resigners

> I gave up, I gave up on life and this place became messy and I started indulging in drugs again. I didn't give a shit really. I lost my faith. (Glenn)

Resigners appear to have relinquished the possibility of playing an active role in the life of their adopted children. They may have no post adoption contact or keep in touch only by proxy (through the birth mother for example). If they have contact, they may demonstrate a passive approach to its quality or extent. Resigners tend to play down the importance of the birth father role both for their children and themselves. Their attitude to the possibility of meeting his child again acknowledges the truism that the child will decide whether or not such a meeting will take place but there is rarely the suggestion that they will take action to contact their children.

A Resigner may be concerned that if his child seeks him out, difficult questions will be posed about the circumstances of the adoption. He may feel that he has to prepare himself for a meeting by collecting evidence for his child that he was not at fault for the adoption. Although "turning point" narratives from Resigners are not uncommon, there may be few signs of the birth father making good their aspirations to be a father to inspire pride.

Resigners make comparatively poor recoveries from the adoption crisis and may suffer chronic feelings of loss, hopelessness, depression and unacknowledged shame with an undercurrent of anger. Resigners may interact with adoption support services on practical issues but are less likely to seek in-depth counselling. Half of the birth fathers in the sample corresponded to this type.

Affiliators

> I want to prove to my children that in my eyes I'm not a fuck up. I wanna prove to my kids that I'm not an absent father. I don't care about social services no more- this is about my kids you know. I wanna be there for them. (Shane)

Affiliators are birth fathers whose main focus is upon retaining any connection that they can with their child who has been adopted. They tend to be realistic about the fact that they are no longer the day-to-day carers for the child and that the adopters have taken that role.

However, they see their future role as being a resource for the child as he or she grows up. In general, they trust the adopters to care for their child and see themselves in partnership with them. All the participants having face-to-face contact with their child belonged to this group. Affiliators tend to identify with their child and seem attuned to the kind of challenges their child may face in future. Most members of this group expect to have some kind of relationship with their children as they progress into adulthood. They seem less anxious about its precise nature which they feel will become apparent over time in response to the child's wishes and needs.

Affiliators tend to be making a good recovery from the adoption crisis. This is not to say that they are problem free. This group includes fathers who have had adverse early lives and face serious current psychosocial issues. Issues of loss in relation to the child are acknowledged but appear to be relatively resolved. Several have sought out therapeutic input. Members of this group also tend to welcome adoption support. Some Affiliators are highly critical of social workers and may have opposed the adoption but see it as important to work with social workers for their child's benefit.

Some express guilt feelings regarding their child's adoption. Most incorporate turning point narratives in their accounts. Several report having taken a range of actions to confront issues in their lives often in part motivated by a desire to gain qualities which they see as those of a resourceful parent. Affiliators comprise a quarter of the participants.

Summary

In this chapter I have summarised the key sub categories and key category identified in the grounded theory analysis and indicated how I believe the sub categories interact to comprise the properties and dimensions of the key category: "Facing the challenge to be generative". The analysis suggests that birth fathers' generativity, namely their ability to empathise with their child who was adopted and develop a continuing potential role in their lives is related to the birth father's processing of social emotion. In large part this relates to whether the birth father has experienced a high level of humiliation during care proceedings. I argue that birth fathers adopt shame or guilt based responses which are mirrored by their moral justifications and patterns of relationship and result in differential outcomes in terms of their being able to imagine and realise a future role in relation to their children.

Three types of birth father can be identified from the data. Vindicators' and Resigners' social emotional strategies are shame based, whilst Affiliators' are guilt based. These types have been briefly delineated above. In the three following chapters I explore each of these types in more detail examining their distinctiveness in terms of the sub categories identified in this chapter.

I should emphasise that in this chapter and three following chapters of findings my main focus is upon elucidating birth fathers' responses to the experience of self reproach which often follows experiences of felt humiliation. I take no position in these chapters as to whether the fathers' stories correspond to realities in the outside world. However, I do discuss this issue in Part 4 of the thesis.

Chapter 8: Vindicators

I learned that it is the weak who are cruel, and that gentleness is to be expected
only from the strong.
- Leo Rosten (1962 p328)

Introduction

This chapter presents findings regarding Vindicators which focus particularly upon prominent themes in the data: their distinctive shame/ anger patterns; reliance upon fight narratives; mental health challenges; relationship patterns and their difficulty in approaching a future role in their child's lives.

Findings

How Vindicators manage social emotion

Predisposition to shame proneness
Analysis suggests that Vindicators' previous experiences may have predisposed them to shame proneness in that they tend to account for events which provoke self-censure as the result of their inherently unworthy self. Two Vindicators report relevant previous experiences whilst there is reason to suspect the suppression of such accounts by other Vindicators.

Martin and Alex record very significant previous experiences of humiliation or bullying at home and school. Martin recounts how previous chronic bullying and humiliation from early childhood onward led to self-isolation and lack of trust:

> It just made me paranoid about everything. I just lost confidence ... in people. I
> just really... kep' myself to myself. (Martin)

Alex's experiences led to school refusal, depression, chronic anger, and eventually to his habitually addressing conflict by means of violence:

> When I were a kid I used to back down from a fight. Now I don't. If I can get first
> in I will. (Alex)

Both James and Jeff were highly aware of the purposes to which information about one's early life could be put in an assessment process. James recounted angry resistance to any implication of early psychological trauma:

> Let's talk about your domestic violence, your childhood, the old Freud stuff. They started criticising my mum and dad. Nobody does that. (James)

Jeff, too, avoided discussion about his earlier life, perhaps to limit exploration of his sexual offence. Justin, whilst eagerly discussing his partner's family's dysfunction, avoided accounting for his upbringing. My impression was that all three participants had had previous experiences that may have predisposed them to shame proneness but felt it unwise or shameful to mention them.

Although all the Vindicators described experiences in the adoption crisis which amounted to severe humiliation, none of them named these or earlier similar experiences as humiliating or a linguistic equivalent.

Shame/ anger sequences

Vindicators' main way of defending the threatened self from the humiliations of the adoption crisis is by transposing humiliation and shame to anger with the perceived aggressor in shame/anger sequences. Most Vindicators openly displayed their anger although some channelled anger covertly into non-violent oppositional strategies. Shame/ anger sequences are not peculiar to Vindicators and most participants describe such sequences. However, for most participants, it is not their core strategy for managing humiliation.

Descriptions of overt shame/ anger sequences are common in Vindicators' narratives. Typically, Vindicators feel provoked by some humiliating action and spontaneously "see red". Here Martin explains why he avoids social workers:

> I would see red and I'd blow up. The minute they turned round and said I was wrong, I'd fly. (Martin)

The following extract illustrates the main elements of Vindicator shame/ anger narratives:

> And I got angry. And I got angrier and angrier. I must admit I kicked off at social services … I went fuckin' mad… I threw a bit [of a] wobbly which obviously went against me – 'This bloke erupts, you know'– But hey, listen! … You're stopping me seeing me kids and I ain't done nothing wrong! (Martin)

The Vindicator feels unjustly victimised. He expresses righteous anger punishing the aggressor reciprocally. His expression of anger is dramatic and intimidating to his opponents. His reputation is damaged but he persists in spite of this.

Fabricating shame/ anger patterns
The analysis below suggests that such sequences become part of an enduring strategy to protect the threatened self from humiliation. This strategy involves blending emotion, cognition and dramaturgical expression over time to form a distinct shame/ anger pattern.

Firstly, as illustrated above, the birth father is criticised, feels humiliated and experiences a spontaneous upsurge of anger with his persecutor. Secondly, the emotional outburst is consolidated by the construction of an array of self-justifications, connected with the emotional trigger. Subsequently, these justifications may be deployed to repel further attacks on the self. Martin brings self-justification into play in the quoted example with the words:

> But hey listen! … You're stopping me seeing me kids and I ain't done nothing wrong! (Martin)

A further humiliation once again triggers his immediate anger. However, the anger activates a set of rationalisations which legitimate the birth father's resistance to his perceived persecutors whilst focussing and perhaps intensifying his anger.

Thirdly, this blend of emotion and cognition may be deployed to *dramaturgical* effect in "The Fight" with hated persecutors in warlike displays, designed to humiliate, intimidate and disorientate the enemy, as in this example:

> *... if there was a social worker here, what would they say about you?*
> Violent, vicious, mad, loony, lashes out. In fact ... social services dare not even walk past my street because I will open my gob ... I said I'd love to get a gun and shoot every social worker- mind you that's muckying bullets. Get a flamethrower see how many I can get to the gallon. Next minute, in one of the reports: 'threatened to shoot every social worker and kill them all' ... (Alex)

Vindicators can manage these displays. Alex relates elsewhere that he has partial control of his anger, choosing whether and when to display his emotions to create a drama which places him centre stage. A successful display in which the hated social workers are intimidated, rewards the Vindicator with the pleasurable emotion of hubristic pride enabling temporary relief from the shamed role in which he feels cast.

Figure 11: Shame/ anger cycles in Vindicators and their accusers

Shame anger cycles in Vindicators and their accusers
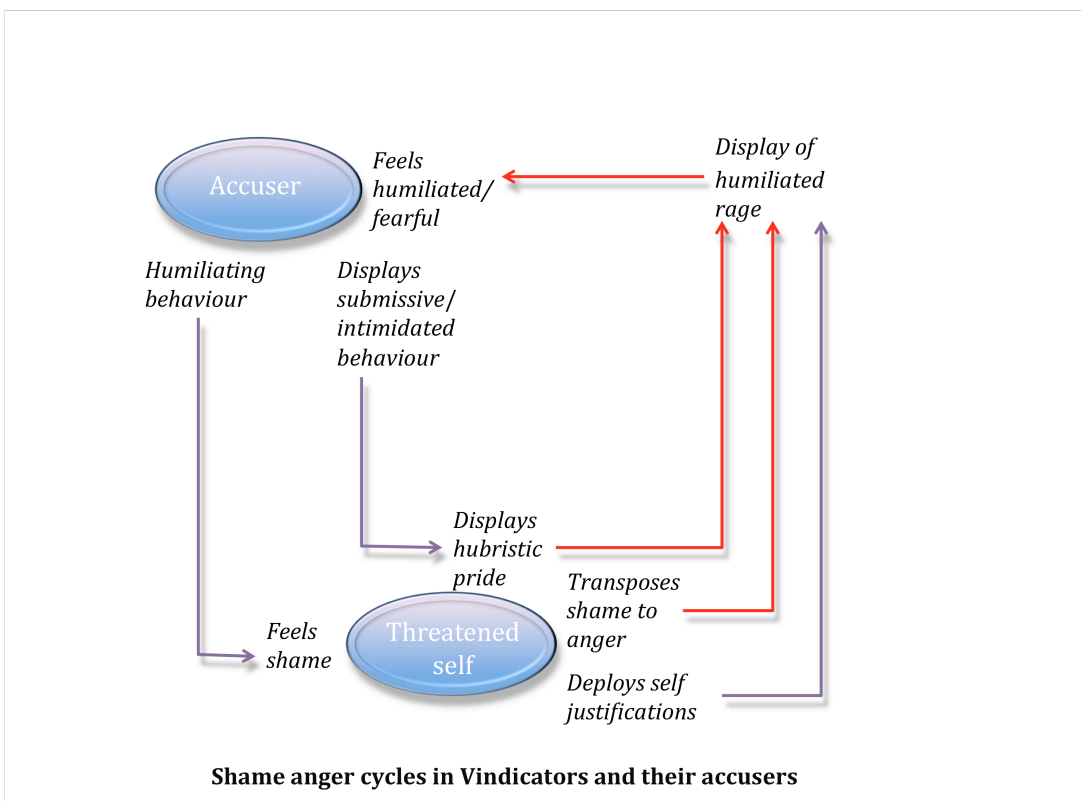
Shame/ anger patterns: the interaction with social workers

The diagram at Figure 11 represents this shame/ anger pattern, including Vindicators' perceptions of their own behaviour and that of their accusers. Social workers are seen as intimidated by Vindicators' angry displays. However, the accusers react symmetrically by imposing punitive sanctions on the Vindicator as in the following example in which Alex's displays result in his arrest and loss of contact with his son:

> They said we want you to go on this anger management course because your temper is a bit out of control. Of course it will be out of control- you've kidnapped my son! In fact I were banned from seeing him at 9 months old because of my temper. They've had me arrested several times. (Alex)

The accuser's punitive response reactivates the Vindicator's transposed anger consolidating the above pattern which is reiterated repeatedly over the many months of the adoption crisis.

The restoration of pride, a sense of the self as worthwhile and efficacious, seems to be the key object of the Vindicators' strategy apparently eclipsing all other considerations including the possibility of losing the child to adoption.

Covert shame/ anger patterns

Two Vindicators displayed a shame/ anger pattern in which displays of humiliated rage and physical intimidation were avoided:

> I can't rant and rave in the courtroom because ... there's a chance of either chucking me out, chucking me in jail ... I've got to keep calm you know. (Jeff)

Instead, "The Fight" was pursued covertly. Furious at social services' perceived malice and deceitfulness, Jeff justifies deception:

> It was going against us but, you know, I was more concerned with the dirty tactics – I didn't like the dirty tactics, you know. I was never once dirty against them, you know fair enough, I expected a fight. I expected a fair one, not one-sided. (Jeff)

> What would I do different? Don't tell 'em bugger all. Keep quiet you know. … At
> the end of the day I was being truthful, lost me my daughter… so being truthful
> don't pay does it? Honesty don't pay. So and they wonder why I'm bitter to them.
> (Jeff)

Jeff responded to social workers' criticisms by continually and forcefully pointing out social workers' errors and shortfalls, seeking vengeance through complaints procedures, challenging opponents on every new issue and obstructing the adoption plan:

> I put a complaint in about social services. Every time I turned up at contact it
> cost them money because they have to pay for that contact you know. This is
> how things was. This is how bitter it was getting between me and social services.
>
> It took them three years to get Joanne off of me. Because you know I weren't
> giving up you know what I mean? (Jeff)

Justin expressed his anger towards social workers by complaints and disguised compliance. He too distrusted social services and was accused of misleading them regarding the state of his relationship with the birth mother. He also planned to pass information covertly to his children to urge them to make contact and abscond from the adoptive placement.

It seems that rather than performing intimidating displays, covert Vindicators tend to favour a blend of disguised compliance, deception, persistent complaint and dogged low-key opposition.

Vindicators' mental health, grief and loss

Despair and self-harm as the shadow side of shame/ anger patterns

Shame/ anger sequences temporarily empower the Vindicator, allowing him to regain the initiative against his accusers and experience a resurgence of pride. However, Vindicators may experience renewed painful, negative emotions, sometimes only shortly after a moment of triumph. Here, James narrates a sequence in which he regains power after being required to submit to

humiliating professional assessments. After an argument in which he angrily challenges professional dominance he ends the session decisively:

> 'I'm sick of the lies, this session is terminated.' I walked out ... (James)

James is in control. The enemy is temporarily silenced. However, shortly afterwards, he is flooded with a powerful sense of despair:

> I felt like shit that day. I went home. I could have jumped under a train, I was so low at that time. (James)

Overt Vindicators appear more vulnerable to cyclical emotional "lows" following the "highs" of a successful display of humiliated rage, and more likely than the other participants to report self-harm or suicidal thinking.

Martin and Alex reported self-harm during or following the adoption crisis and James had considered suicide.

> ... I've tried to commit suicide now six times [pause]
> *Right*
> And each time I've been rescued. But I did say when I do it again no one's going to get there! [laughs] (Martin)

> [After the adoption order was made] Tried to pick myself up. Contemplated, like most people I suppose, suicide. You think I just don't want to go on. (James)

Vindicators often report continuing depression and distress as a consequence of the adoption crisis. Clearly this depression is related to their children's loss, although for Vindicators it may be linked indirectly. More distress is often expressed regarding feelings of worthlessness following the conflict with social services than in terms of the child's loss per se:

> I thought I was really good at being a dad, then you're told you're the shittest dad in the world and you can't have your children takes chunks away from any confidence you might have ... It's been put in black and white and that's what people think of you ... I will never be the same person. (James)

Vindicators' rejection of counselling

Although most Vindicators admitted experiencing continuing emotional distress, they were resistant to the notion of seeking counselling or adoption support for two main reasons. Firstly, Vindicators profoundly mistrust social services in any of its manifestations:

> *Are the adoption social workers the same as the other, the childcare ones?*
> Well I take them all as the same you know. They're all the same department in a roundabout way. (Jeff)

This suspicion extends to independent adoption support agencies which are seen as colluding with compulsory adoption.

Secondly, for Vindicators, engaging in counselling locates the problem within them. However, it is their fundamental contention that the problem is located with social services aggressors who kidnap children. The only issue that matters is the child's removal, which cannot be remedied. Therefore, counselling is futile:

> … talking about it don't help it … It still ain't gonna bring her back. You know what I mean? So counselling? You've just got to get on with life. (Jeff)

James who was depressed following the adoption crisis engaged a private psychologist but realised that he did not wish to reduce his preoccupation with the adoption. He needed his sense of burning injustice to continue "The Fight".

> I saw a psychologist for quite some time to try and help me through it all… The psychologist said it's an obsessive [dis]order. I said you're right. You've got to learn to cope with it. We went through how to cope. I don't *want* to let it go. (James)

Vindicators' construction of the nature of their problem therefore leaves them trying to "get on with life" on their own, perhaps with partner support.

How Vindicators maintain the moral self

Vindicators and "The Fight"

Vindicators use "The Fight" to denote a continuing conflict with identified enemies, particularly social services, regarding their child's adoption[51]. For three Vindicators "The Fight" is a prominent theme in which martial language is sometimes used to underline the nature of the account as a war story:

> Tuesday morning 8am there's a knock at the door. I went **ballistic**. They arrested me. I hadn't laid a finger on her. (James)

> This is how bitter it was getting between me and social services. I went **ballistic** at them. (Jeff) [my emphasis]

The tense in which "The Fight" is expressed seems important. Vindicators tend to speak of a current ongoing fight even when the battle to prevent the child's adoption has been lost. Here, Alex fights on years after the adoption' completion:

> They picked on me and my family. I'm still fighting them now. (Alex)

In these circumstances, the concept of heroic defeat seems to be important. Vindicators do not fight after pragmatically calculating the odds:

> *If someone came along and said: 'Hang on Alex… you're your own worst enemy',*
> *what would you say?*
> Good question. No answer for it. What's done now is done.
> *You wouldn't do it any different, would you?*
> Probably not. I'd probably do it the exact same next time. I've just had enough of social services. (Alex)

Rather, it is an instinctive reaction to a situation demanding a response. Vindicators depict themselves as heroes of their own story fighting for honour and pride against the overwhelming might of officialdom:

> They [assessment centre] had basically, just written all this stuff about me and said I wasn't putting my children's emotions above myself. That I was embroiled

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[51] Four out of five Vindicators used the words "fight" or "fought" in relation to their child and the adoption plan and the fifth expressed similar sentiments in other language.

in a fight with the local authority and the local authority were revelling in this because its what they want to hear. Of course I was embroiled in a fight, because those bastards had been lying about me! (James)

Vindicators have never given up "The Fight". They may acknowledge defeat regarding the adoption but the battle lines are redrawn to include contact issues, complaints and concerns that their child is unhappy.

Vindicators seeking retribution

All Vindicators indicated some desire for vengeance against their accusers:

… when they freed him [i.e. freed child for compulsory adoption] that were it- my stack blew! … it … made me more intent to get revenge on social services. (Alex)

Angry? Right I wanna rip the woman's head off, if she was on fire I wouldn't put her out … (Justin)

Part of justifying "The Fight" is to depict enemies as deserving retribution. Vindicators' narratives sometimes feature these enemies as contemptible or hateful. Here, James depicts a social worker as an impertinent class enemy:

I am bitter and very angry. I haven't come across a single social worker that I've got any respect for. The way they dress. They used to use things like I wear a suit. What has that got to do with it? 'Tries to intimidate people.'…
I remember this left wing styled social worker with a ring through her nose… (James)

Justin uses racist stereotyping to devalue his children's social worker:

…she's [child's social worker] bitter, the Indian community what she is in, dirty Indian they call them, yeah? They're like, er, cowboys and Indians, cowboys living rough, their properties are dirty. (Justin)

Seeking revenge is justified by the harm depicted to the child by the child protection process. It is the duty of the father, according to James, to avenge such harm:

I believe somebody somewhere has to pay for this ... I've seen my children hurt. Forgive me if I want to take revenge. (James)

The most common form of revenge Vindicators seek is the dismissal of offending social workers:

She [social worker] got the sack. You know but I warned her what I would do to her if she mucked about I would do everything possible to get her out the door, which I done. (Jeff)

James claimed that he had had a social worker removed from the case following his unsatisfactory evidence:

He [social worker] had just perjured himself. When I got the file I knew I had the bastard. I would have them for lying. (James)

James underlines the extreme gravity of the offence against him and his modest revenge requirement by reference to an alternative: an American style killing spree, which is presented as reasonable in the circumstances:

In America they buy a gun and shoot everybody and then themselves at the end of it. Over here people look at you as if there is something wrong with you. (James)

Martin mentions exacting violent retribution as a possible last resort should authority figures once again entrap and humiliate him:

I've got to be honest- if I went down social services I'd go down there with a machine gun-

Right

That's why I don't go to social services because y'know I would– I would do time for them and I mean that- I would do a lifetime prison sentence to go down there and do what I want to do down there because they've made such a mess of- of my life. (Martin)

In Alex's case, threats of murderous reprisal seem linked with Alex's desire to intimidate his enemies, which he presents himself as having achieved.

For Vindicators, the idea of seeking vengeance is emotionally and morally powerful, presented as sometimes embraced, sometimes resisted, and sometimes effected through personally targeted complaints against individual social workers.

Vindicators affirming reciprocal morality

Vindicators and Resigners tend to affirm a strict reciprocal morality: one should "do-as-you-are-done-by". If others infringe your interests or insult your pride, then it is legitimate, even morally required, to punish them. Vindicators often cite this standard in support of their version of "The Fight" and their right to seek vengeance. Here, Alex articulates the standard in relation to resisting bullying:

> ... if you pick on me or my family, look out ... (Alex)

This reciprocal standard is manifest in Vindicators' narratives in the symmetrical quality of their responses to perceived social services aggression towards them: Fathers deceiving social workers mirror deception by social workers; The humiliations of the child protection process are paid back by Vindicators employing intimidation and complaint; Social workers accusing the birth fathers are in turn accused. All the Vindicators accused their accusers extensively and stridently.

Denying and neutralising accusations

All Vindicators emphatically insisted upon their innocence of allegations against them in relation to their child's adoption. Here, for example, James flatly denies repeated allegations of domestic violence:

> We don't resort to violence. (James)

Three Vindicators made extensive use of neutralising accusations, two of them to support their claims to innocence rather than as mitigation. In this example, Jeff attempts to mitigate his status as a registered sex offender. He sought to minimise the offence itself and his current risk status. He compared himself with "crooks" in social services arguing that at least he had admitted an offence:

> Okay what I done was wrong. I know but there's as many crooks in their job in

> social services than there is me you know what I mean? I was just silly enough to admit it. (Jeff)

He constructed himself as the victim of police and social services discrimination in that he was denied the right to rehabilitation.

The two Vindicators who made less use of neutralising seemed to rely mainly upon claims to complete innocence.

Defending self as good parent

Three Vindicators make strong claims to previous successful parenting of the lost child. For example, James' wistful account of a golden phase in his life with his sons:

> The one thing was I never shouted or smacked them. Never needed to. They were such good boys. Callum was walking in 9 months quicker than his brother. He was talking. They were such well-behaved children. I thought I was the best dad on the planet. For the first time in my life I found something I was really suited to and really good at. I loved that job with a passion. (James)

Martin nostalgically connotes the child's lost potential, ruined by her summary removal:

> And if we could have carried on that y'know, well I dunno she would have been such a great person. (Martin)

These narratives idealises the Vindicator's relationship with his children and his fatherhood supporting the Vindicators' stance that no other carer can be recognised as legitimate.

Most Vindicators do not construct themselves as worthy fathers on account of moral reform and do not aspire to be "fathers to be proud of" on their child's return. Their moral character is usually presented as consistent throughout.

Vindicators' partnerships

Blaming the partner

Vindicators, like other participants, believed their partners to be mainly responsible for childcare. Most Vindicators blamed their partner for the adoption crisis.

Martin bitterly criticised his several ex-partners. All had reportedly betrayed his trust in various ways: by being unfaithful; abusing or neglecting the children; denying him contact; and arranging for him to be bullied. Hence his scepticism about relationships:

> … hey, you get bitten once you know and in my case I've got bitten- bitten a few times here … (Martin)

He blamed the mother of his children who were adopted for refusing an abortion when her latest pregnancy threatened to overwhelm them. The relationship foundered:

> At the end of the day- it went bang. Tessa moved out [pause] well the social services got involved… (Martin)

"It went bang" masks what emerged from the later narrative: that Martin evicted his partner and their children. In temporary accommodation, Tessa assaulted one of the children, triggering the adoption crisis.

James blamed his ex-partner for constant criticism, erratic violent behaviour, tricking him into conception and trying to deprive him of his home. Finally, she reportedly abandoned the children causing the adoption crisis. Here, James describes her erratic violence:

> The day she picked the knife up I thought she's really going to do it. No ifs and buts … The only thing that defused the situation was my eldest son was calling her from the other room. (James)

Justin accused his partner, with whom he is still in an unresolved relationship, of abusing and neglecting the children. In contrast, Alex and Jeff who both remain in partnership with their children's mothers make no criticisms of their partners.

Sticking together

These surviving Vindicator partnerships resemble similar Resigners in that there is the same narrowing of social contacts to conceal stigma. For example:

> … Don't tell people [about child's adoption]… Family know- that's it. That's as far as it's got … My friends don't know because certain things you keep private. (Jeff)

Vindicators and their partners who spend a great deal of time together, must deal with grief and other adoption related emotion in their own ways which can strain relationships:

> We have different ways of dealing with it. Sometimes we can argue about it … When one of us gets mad over it- it just blows up. Usually it's over within a couple of hours. (Alex)

The two Vindicators still in partnership do differ from the other Vindicators in that both were the focus of child protection assessment. Jeff's rape conviction was identified as a risk factor and Alex was accused of physically abusing his child. These participants appeared to defend their family boundaries more fervently than their Resigner counterparts.

Leaving or staying for the child's sake?

Two Vindicators faced the choice of whether to leave a failing partnership and whether their presence for the child should influence their decision.

Martin, on discovering a previous partner's adultery, left the relationship and disowned the child. Empathy for the child was not a consideration:

> … I just done an about face at that time and walked straight out the door. Never saw the child again. (Martin)

When other partners were unfaithful to him, he ceased contact not just with his partner but also his child, seeming to regard himself as completely separate from the caregiving system of mother and child. He went on to evict his subsequent partner and children who were adopted.

James was so concerned to live with his children that he was willing to continue in an unsatisfactory relationship. When he eventually left, James' focus upon his entitlement to repossess "his" house and his anger with his partner seemed to rob him of the ability to think empathetically about the needs of his own children and stepdaughters whom he was prepared to evict:

> If I hadn't had Callum [pause] she would have gone.
> *She would have gone?*
> She and the daughters would have had to go …
>
> I think if I'd walked away and just left Diane in the house on her own, and that she's going to be financially secure, she'd probably still have them [his children] now. (James)

He accepts that had he allowed his partner to "win" the custody and financial settlement, the adoption may have been avoided. But no sense of regret is expressed. His narrative is still dominated by a sense of entitlement. It seems that Martin and James, when experiencing the self under attack, felt unable to think and act empathetically towards their children.

Making a new start

Given Martin's and James' previous fraught experience of relationships in which their capacity for partnership and empathy seemed to have been deactivated, how do these Vindicators manage new intimate relationships?

It seems that new partners must be willing to legitimate the Vindicator's perspective on the child's adoption and his self presentation as morally acceptable. Here, James' new partner Vikki reportedly endorses James' perception of character assassination by social services:

> And Vikki, she's read it all and seen it all and when I get low moments she says: 'you know that's not true James.' (James)

James idealises Vikki's loyalty. In return, he is able to show empathy for her position and to explore the perspective of others who might see him as prickly and preoccupied:

> It's very difficult. She said: 'you do what you want. I will stick by you no matter what.' I'm very lucky to have someone like that because a lot of women may have said I'm not staying around on my toes James, I can't be doing with this. (James)

Vindicators' partners must maintain a difficult balance. They must accept and to some extent support the birthfather's determination to continue "The Fight". At times, James portrays his partner as standing a little apart from his fight. At other times, she seems drawn into his conspiracy theories, almost merging with him psychically. Mostly, however, both are portrayed as recognising the need for areas of their life cordoned off from adoption preoccupations:

> It's very hard for Vikki. Because we had some great times. She sees … I said to her the other day 'I've got loads on my mind' and I said to her: 'plus I've got the boys on my mind and I've been thinking a lot about them lately'. She said: 'I know.' (James)

If the partner attempts to move the Vindicator too far away from his usual "fight" script there is a risk that he may come to see his new partner as another enemy:

> …Vikki says: 'But you know your boys wouldn't want you to be like that, would they? They'd want you to get on with your life.' I said: 'How do you know… what they're thinking? You don't.' (James)

Similarly, attempts to pull a Vindicator back from his preoccupations are both appreciated and resented:

> [To Vikki] 'Are you checking up on me?' She said: 'Well..'. I said: 'All right- I have been feeling a bit low today.' She can spot the signs. (James)

Martin's main preoccupation when considering a new relationship was possible partner betrayal, perhaps involving children. He related that having children had

caused him nothing but trouble. Partners neglected them, attracting scrutiny from the hated social services. In addition, adulterous partners used the children against him in separation disputes. Consequently, Martin attempted to vet prospective partners:

> … you check 'em out- you fire questions- random questions: How do you feel about this and how do you feel about that … (Martin)

Martin's current partner, Sylvie, is an older woman with no interest in having children, "which is great [Laughs] y'know, so no more social services". Martin attributes his recovery from depression, nightmares and flashbacks prompting suicidal thoughts to his relationship with Sylvie:

> …touch wood [touches table] - y'know I- I've met Sylvie y'know we're now – we're now a good way down the line [Pause] and she's been able to unknit some of that-
>
> *Yeah-*
>
> Y'know and present to me a different picture. Which I'm totally thankful for really. It's em- one of the reasons I love her so much em. [Slowly] y'know, I was at the point where [pause]- well, I was at the point of suicide again. (Martin)

She has helped him find some "fit" in society:

> I didn't fit. I never- up until I met Sylvie my current partner em-
>
> *Yeah-*
>
> I've always felt like a- a circle in a square hole. (Martin)

As constructed by Martin, Sylvie is a rescuer: She provides a positive reality to inhabit enabling him to relate more adaptively; She disentangles depressed thinking; She is totally trustworthy.

These Vindicators clearly find their new relationships a powerful source of support and healing, providing a way back into wider society from isolation and distrust. They challenge the Vindicator to cordon off the part of their life to maintain the relationship. However, participants' construction of their partners is idealised. They appear to have little separate life and possess no faults. The participants invest them heavily with virtue although the narratives suggest that

the Vindicators still remain largely shame prone in their self-assessments.

Vindicators imagining their future role in their child's lives

Having time on your hands

Waiting for the possible return of the child was burdensome for most Vindicators, testing their resolve and emotional resources with no guarantee of a happy outcome:

> … I want that time to come tomorrow. But I'm looking 10-12 years down the road. See that's like a pick you up- and you're down. You get a pick up and you go down again … We're talking years … in that time … anything could happen. (Jeff)

> I could sort of 'give up the chase'. Some people are like it, give the chase up. You know because it just gets too much. They flip their lid … (Jeff)

Although the court process was highly stressful, Vindicators such as Jeff could focus on the daily demands of court hearings and contacts. The time since the adoption has, however, been even more stressful because of a sense of emptiness and abandonment:

> Soon as Joanne was adopted we was bored. Bored stiff. What we got to do? (Jeff)

Keeping the child alive and present

Some Vindicators spoke of thinking about their child continually:

> I constantly will think about Joanne but nothing's going to fill the gap of her. (Jeff)

The predominant emotions at such times were shame, guilt, sadness and anger:

> So sometimes when I have great times, we do things and you're happy and excited and everything suddenly you get hit with a pain of feeling guilty for enjoying yourself. That I've made my sons' lives a misery because of what's happened to them so I shouldn't be happy. (James)

Vindicators distrusted information from adopters about their child's progress and tended to claim their own *inherent* knowledge of their children, whose

character was constructed as essentially unchanging despite the passage of years:

> Nobody knows their minds like I do because the closeness we had ... 'James, you've been away from them for three years!' 'Yeah- and?' -not three years, six years- Stuart was three. 'Yes, I know. But I know, I just know'. (James)

Contact and birth father role formation

Following the legal resolution of the adoption crisis, contact commonly became a site of dispute. Probably as a consequence of their stance, no Vindicators were offered continuing face-to-face contact with their child. For some, a "final goodbye" meeting with their child was arranged before the child was placed with adopters, which scandalised some Vindicators:

> And for me to ... actually tell them this is the last time you see your dad. I think that farewell visit, whoever invented that really needs shooting ... So I never went back. (James)

Thereafter, letterbox contact rules bring home the birth father's humiliating loss of status sparking further conflict:

> I've had rows with the adoption people. Now ... when we write a letter I've got to put 'Jeff' and 'Miriam'. And I've said to them: 'No! I'm not prepared to do it. I'm her dad'. (Jeff)

Most Vindicators distrusted the letterbox system, mediating adoption support teams and the adopters as correspondents:

> I'm sick of using social services for this... and I refuse so I sent them the cards for a couple of presents when its Callum's birthday. With the file so they can't deny ever receiving it. Still never heard. I thought fair enough. Okay. (James)

Most of the Vindicators alleged that adopters had reneged on contact agreements depriving them of letters and photographs to which they were entitled. Once again, Vindicators considered legal compulsion as a possible remedy:

> I'm planning on taking them to court because they're not doing what they should be doing. I should be getting two letters per year with photographs, as the agreement said. (Jeff)

Some Vindicators in contact disputes had ceased writing letters in protest although this meant that they felt even more isolated from their child:

> I've got nothing coming back from them so there's nothing going from me into him. I'm getting nothing new from him or his adopters. He can't be part of me because I don't know what's going on … (Alex)

Vindicators who persisted with letterbox arrangements often complained about the paucity of information in letters they did receive:

> 'Oh they're into swimming, there are into this, they do this.' One page: I don't bother reading it any more. (James)

Refusing a reduced father role

Vindicators could not accept the loss of their exclusive father role. Adopters were seen as making vain attempts to suppress the truth of the birth father's special place in the child's life:

> At the end of the day she's always going to be my daughter. She will know the truth … sooner or later… because … I've got the truth for her. (Jeff)

The adopters were angrily rejected as kidnappers and their characters impugned:

> Well I don't regard them anything to her really … They shouldn't have my child. (Jeff)

> The adopters? To put it bluntly- and I can prove this now- they're a pair of arseholes. (James)

Vindicators understood that their child will have accommodated to the adopters' regime but see the arrangement as inherently unstable and temporary:

> Joanne was a … clever kid … I would imagine she had to fall into line … For how long I don't know. (Jeff)

> … At the end of the day, when it goes tits up which inevitably it will do, there's one person who will pick up the pieces and its yours truly. (James)

Vindicators were hostile to the notion of a reduced role in relation to their child. Since they had usually either excluded themselves or been excluded from adoption planning, meetings with adopters and rich contact with the child, the opportunities for forging such a role were, in any case, much diminished.

Vindicators felt that adopters refused to meet them because they had been portrayed negatively by social workers:

> They felt I was going to try and manipulate the situation based on what they'd been told ... (James)

Some Vindicators, feeling insulted by defensive, sanctimonious adopters, tried to compel them legally to attend a meeting:

> They don't want to meet me but now when I do take them to court I'm going to have to meet them I'm coming face to face to them. (Jeff)

Having fulfilled the imagined requirements of "The Fight", Vindicators express less concern than Resigners regarding their child's eventual verdict upon them. Vindicators may seek to prove with documentary evidence to the returning child that the adoption was unjust and that the Vindicator is their rightful father. Jeff has this information waiting though he declares an intention not to force his view on his child:

> ... I've got a box of all the statements ready for her ...
> *You think that will be on her mind?*
> Whether it is or no ... I want her to read it, read all the paperwork ...(Jeff)

A Vindicator's refusal to consent to the adoption also demonstrates his love and his opposition to the adoption:

> I'm never going to give Joanne an opportunity to say I didn't care about her ... I wouldn't sign for her to be adopted. (Jeff)

Vindicators face the incongruity between their claim to unique father status and the reality of their exile from active fathering. To manage this discrepancy, individual Vindicators appear to adopt a position between two poles. The first is

to prepare to reclaim the rightful role of father. The second is to blame others for deposing him from that role.

Reclaiming the rightful role of father

James most fully develops a myth of the father reclaiming his rightful role. He imagines his child awakening from adoption to the sudden recognition of James as his true father:

> I know where they are and there is going to come a point when [child] is 18, which is not too far away that I can legally knock on Stuart's door and say: 'Stuart, I'm your dad.' There's nothing anybody can … if Stuart says 'Well go- I don't want to have anything to do with you', I can say: 'Here are copies of the cards and presents and everything else I sent you for the last 10 years. Did you get them?' 'Well, no I didn't- I didn't get a single, bloody thing Dad. I thought you didn't want to know. I thought you didn't give a shit about me.' (James)

In this myth, the father must be tested by his child to explain discrepant information- the adopters' lies about the father. Evidence suppressed by the wicked adopters is revealed. Only then is the supplicant affirmed in his identity as true loving father. The pretenders (the adopters) are rejected and the idealised past is restored.

The alternative pole consists of stoical acceptance that the child will probably never return. Here the Vindicator attempts to deflect shame, guilt and loss by blaming others for the loss, upholding their own integrity in their fight against social services. However, indications of Vindicators' vulnerability to depression suggests that neither position offers much consolation.

Vindicators as competitors with the adopters

The few Vindicators committed to reclaiming their child see themselves as directly competing with the adopters, defying controls put in place by adoption agencies and of introducing their own unilateral measures to stake their parental claim. They may reject official contact arrangements, flout adopter confidentiality by locating and monitoring the child and attempt to communicate

directly with the child. James described visiting his children's school website as part of these measures:

> I know which school they're at and the school publishes loads and loads of photos. I've got loads of current photos of the boys now, current stuff. I can see what they're up to, what they are doing … (James)

The intent is to subvert the adopters' claim to parenthood whilst biding his time until the chance to claim his restored role presents itself:

> Where you go from here I don't know. Like a cat waiting for the opportunity. It will come. Even if it doesn't happen by the boys instigating it, it will happen by me instigating it. I've often wondered what would happen if I just turned up at their school at the gate and said hi, do you know who I am? What's the worst thing they can do to me? Send me to prison? (James)

Justin, with similar subversive intent, plans to plant material for his children to discover which he hopes will lead to them running away from the adopters to their real parents.

Will the child return or not?
Jeff represents most Vindicators' qualified but shifting belief that their child will return to find them:

> I'm hoping she does but again it will be her choice…

> …I can't guarantee it. You know she might get 15, 16 she might not want to have anything to do with us. It's a chance you have to take…

> … I still believe she's going to end up coming back to us sooner or later. You know or later, not sooner. Later…

> …I just bide my time and it gives you something to hope for. (Jeff)

These extracts suggest the demanding long-term emotional work that birth fathers do in continuing to take the gamble that the child is still part of their family.

A minority prefer to exclude that possibility, perhaps to protect against possible disappointment. Not expecting the child's return seems equivalent for some to having no future role as father:

> Yes. Other people have said he'll come but I've said he won't. I'm going to stick to that ... (Alex)

> I don't class him as my son anyway now. (Alex)

It may be that this also expresses the Vindicator's idealised notion of fatherhood. If exclusive fatherhood is not available, it is better not to have any stake at all.

Summary and conclusions

Predisposition to shame proneness

Although all Vindicators reported what amounted to significantly humiliating experiences, none could name the experience as humiliation, a lack of reflexivity which may be the single most important distinction between them and the Affiliators. Some Vindicators' early life accounts provided evidence of predisposition to shame proneness prior to the adoption crisis and of patterns of managing social emotion which were congruent with the Vindicator typology. Most Vindicators' avoidance of exploration of emotion laden material from their earlier lives led me to suspect that they too may have been predisposed to shame proneness.

Shame/ anger patterns

Overt Vindicators tend to build shame/ anger patterns in relation to perceived attacks by their identified enemies, usually social workers, in which outbursts of humiliated rage are combined with self justifications and dramaturgical display to intimidate their opponents. This may temporarily relieve the need for the threatened self to experience shame and allow the Vindicator to experience the pleasurable emotion of hubristic pride. However, it appears that social workers'

attempts to regain control are once again experienced as humiliating and trigger repeated shame based interactional cycles. Covert Vindicators avoid physically intimidating displays of rage but discharge their anger in disguised compliance, persistent oppositional behaviour and legalistic complaint.

The precedence Vindicators give to maintaining and restoring pride tends to relegate other considerations including focus on the child's needs.

"The Fight"

Vindicators maintain a sense of themselves as worthwhile people by their commitment to "The Fight", feeling that their battle against those who 'stole' their child even if the battle is lost heroically, demonstrates their honour, pride and their love for their child.

Symmetrical aggression and vengeance

A strikingly symmetrical interactional pattern seems to emerge from the commitment of Vindicators to a reciprocal morality. Whatever insult, humiliation or assault Vindicators perceive should be returned in similar form: intimidation must be inflicted for humiliations imposed by the enemy; deceptions mirror social worker "lies"; attempts to disgrace social workers through the complaints system follow attacks against Vindicators' integrity. This mimetic aggression perpetuates the conflict between Vindicators and social services. All Vindicators are attracted to the notion of vengeance which is most commonly realised through personalised complaints against social workers. Most Vindicators did not exclude and partly legitimated the idea of a killing spree as a comprehensible form of vengeance in the most desperate circumstances.

Mental health issues

Vindicators appear to suffer continuing depression as a result of the adoption crisis. Overt Vindicators seem particularly prone to self-harm or suicidal thinking. The main focus of loss expressed in Vindicators narratives concerns the effects of perceived injustice on the life of the birth father rather than the loss of the child *per se*. Vindicators seem resistant to engaging in counselling.

Vindicators' relationships

Vindicators commonly blame previous partners for the adoption crisis, some being unable to act empathically and protectively towards their children because of threats to the self occasioned by the failing relationship with the child's mother. Some Vindicators with new partners require their partners to legitimate their perspective on the adoption, rely heavily on emotional support the partners provide and tend to idealise their partners.

Keeping the child alive in memory and contact

Most Vindicators describe remembering their child often but this is usually associated with painful emotions. Distrusting adopter-led letterbox contact, Vindicators may claim intrinsic knowledge of their child not based upon recent contact but on nostalgic reconstructions of past family life. Contact is often a disputed area and all Vindicators lacked a sense of rich contact with their child. Conflict over contact had effectively ended contact for some Vindicators. None had met their child's adopters and all were hostile towards them and unable to accept their legitimacy as parents or the end of their exclusive role as father.

The lack of Vindicator involvement in planning, contact with adopters and the child provided little basis on which Vindicators could build a new identity as father to their child. But in any case, Vindicators were inimical to developing such a role.

Hopes of the child's return

The passage of time before their child may make contact again hang heavily for Vindicators. They tended to express the pressing desire to explain the circumstances of the adoption and justify themselves to their child.

In terms of the role envisaged by Vindicators should they meet their child in future, a few invested in the myth of reclaiming their exclusive role as father mirroring adoption agency prohibitions to contact by unilateral defiance of

placement secrecy. Seeking to monitor their child's progress, these fathers hoped to subvert their child's placement and resume their exclusive role.

Most defended themselves against the possibility of the child not returning or not wishing to rebuild a relationship with them by blaming adopters or social services for poisoning their minds against the birth father.

Idealisation

Vindicators' tendency to idealisation and their preference for exclusive categories of thought is exemplified in their narratives concerning their role as father and in relation to judgements about people including themselves. Ex-partners, social workers and others may be judged as evil and vindictive. New partners are seen as paragons of acceptance and love. The birth father is seen as the only true father to his child; adopters are seen as pretenders and kidnappers. This echoes some North American societal discourses in which only biological parents are recognised as "real" parents and in which adoptive parents may suffer stigma and delegitimisation, having their motives and love for their children called into question (Miall, 1987, March, 1995, Wegar, 2000, Fisher, 2003). Sharing or blurring of the categories appears difficult for Vindicators. The narratives suggest that a shame prone orientation towards their own (worthless) threatened self persists, requiring blame to be located externally rather than the acceptance of the more nuanced and differentiated account of responsibility and moral status which may be found in Affiliators.

Both Vindicators and Resigners share a shame proneness which correlates with low empathy for their child. They differ in that Vindicators display a strong sense of entitlement and self-importance, a tendency to idealise or demonise others and place blame outwards. In this they have some of the characteristics that psychologists describe as narcissistic (Baron Cohen 2011 p143).

Chapter 9: Resigners

> *People who feel humiliated are generally more passive and demoralised than*
> *bristling for action.*
> *-Scott Atran (2010 p358)*

Introduction

This chapter depicts findings regarding Resigners, a shame prone group of participants who typically manage threats to the self by withdrawal. The chapter describes their relatively high levels of mental health issues and unresolved grief; their concern to convince their adopted child particularly that adoption was resisted determinedly and that the birth father is a person who can inspire pride; their patterns of intimate relationships and their difficulty in establishing a new role in their child's life and in accepting the need for therapy.

Findings

Resigners managing social emotion

Early experiences of humiliation

Many Resigners described a previous history of serious bullying or humiliation. In spite of efforts to placate his father, Ajay would be bullied and intimidated:

> I liked everything about him [father], the only thing I didn't actually like was …
> he'd lose his temper quite quick. Like when we were doing like homework … if
> we hadn't answered the questions quick enough for him, you used to get a smack
> around the back of the head which then obviously made you kind of more
> threatened and then you'd be rushing and then you'd get another question
> wrong and then you'd get another one … (Ajay)

Several Resigners tended to minimise the significance of these early incidents. Here Lloyd denies remembering serious and repeated bullying which blighted his school career:

> … the amount of bruising I was getting … I was pulled up in front of uhm
> assembly like … the head teacher … was mentioning like … this poor kid like-
> he's getting all these bruises … We want it to stop- it's unacceptable… As I said, I
> can't remember it. It's just something my mum remembers. (Lloyd)

However, Lloyd accepted that his experiences sensitised him to situations in which others might be getting at him. For many Resigners, there appears to be some correlation between their reports of prior experiences of humiliation those described in care proceedings.

Humiliation in care proceedings

Most Resigners indicate that they felt comprehensively humiliated during care proceedings. Those who escaped this experience were separated fathers who were not the main focus of child protection investigation and who joined the court case at a later stage. Only one Resigner came near to naming the experience of care proceedings as humiliating or an equivalent:

> … it felt degrading like I was under a microscope, being investigated, being
> viewed prodded and poked, I couldn't feel normal in those circumstances …
> (Glenn)

Shame/ anger sequences

Many Resigners who reported humiliation in the course of care proceedings related at least one shame/ anger sequence or being seen as angry by others. A small minority entertained vengeful thoughts. Roy exemplifies a combination of depression and anger:

> If I weren't feeling suicidal, I were feeling murderous towards the powers that
> be. If I was living somewhere like Iraq or Afghanistan where guns are easily
> available … I wouldn't have thought twice about picking up one and shooting
> them all and probably shooting myself afterwards. Who knows? In this civilised
> society you think about it but you don't do it. (Roy)

In Alan's case, his angry outbursts did not result in violence to others but in physical collapse requiring treatment.

> My temper just gone red, anybody says something that upsets me I just work up
> and then I just blow it. (Alan)

However, Resigners' anger seems muffled. After his anger at the Job Centre
becomes known, Lloyd feels mortified that social workers thought him
potentially violent:

> I had to like uhm prove that I wasn't being violent in the Job Centre like asked
> like uhm the Job Centre of any ... any incident reported in regard of me ... (Lloyd)

Shame/ demoralisation pattern

Shame/ anger sequences do not appear central to Resigners' management of
social emotion. Analysis suggests that shame/ demoralisation patterns comprise
Resigners' chief defence of the self against shame. In this pattern, experiences of
humiliation and shame are transposed to feelings of withdrawal, depression,
demoralisation and disengagement allowing the birth father to hide the
vulnerable self from further exposure to the painful sequelae of the adoption
crisis. Roy portrays an inverse relationship between painful social emotion and
social engagement:

> The more upset I am the quieter I get. (Roy)

Nathan expresses a sense of demoralisation and resignation following his
relinquishing "The Fight":

> I've not got a clue how they are doing, what they look like I don't know they
> could be dead they won't tell us nothing. I find that ... quite hard but it's just
> something I've got to deal and carry on really. Maybe one day I'll see them again.
> Until that day comes there's nothing really I can do, we've fought and fought and
> fought and there's nothing we can do. (Nathan)

Nathan left his partner temporarily to escape the crushing impact of his
children's adoption:

> I had had enough of all the fighting. Julie never stops fighting and going on
> protests. It was getting too much for me and I decided to go. (Nathan)

Resigners' mental health issues

Most Resigners reported significant depression. Lloyd had suffered depression for two years since the adoption of his child, feeling incapable of working and motivating himself to carry forward any plan for his future:

> Yeh I know there's a lot of times that I felt quite low and ... just can't be bothered and what have you ... (Lloyd)

Some Resigners had had mental health issues which predated the adoption crisis but were exacerbated by it:

> When I lost him [sudden death of brother] I couldn't go to work, depressed. Er- started drinking a bit more than what I did do and things went downhill from there really. (Nathan)

For some Resigners, other mental health issues clustered around depression and adoption related loss. Ajay felt unable to work. He described regular panic attacks and an inability to be alone at home without someone else present:

> Like my first couple of attacks I didn't even know they were panic attacks ... until the doctor actually said. After those two I actually felt like killing myself because ... it's hard to actually describe a panic attack [laughs], but ... I just didn't want to be me at that point ... (Ajay)

Alan, who takes regular antidepressants, spoke of his "paranoia" about his neighbours whom he is convinced gossip about him maliciously.

When Brian looked at photographs of his deceased brother and his adopted children he felt that they were hating and criticising him. He reported destroying his brother's photograph in an attempt to relieve these feelings:

> I've got them [photos of his children who are adopted] in the drawer in there. I think if I had them on display it would make me worse. When my brother died I had a photo of my brother on that mirror and I had to get rid of it. Because I felt like he kept watching over me. I know that sounds horrible but I had to get rid of it. ... I think the kids are watching over me and calling all the names under the sun. It's probably just me being paranoid- I don't know- but that's just how I feel. (Brian)

Roy described feeling suicidal and vengeful. Ajay took an overdose but made himself sick before it took effect:

> *Have you ever harmed yourself?*
>
> Never.
>
> *Do you think you would, or you could?*
>
> To be honest, probably not. But I prob- since losing the boys I've come close a couple of times. Like I have actually taken the tablets, but then immediately after putting my fingers down my throat and then went to the hospital.
>
> *So you have taken too many tablets?*
>
> Yeh.
>
> *But then you told someone?*
>
> Yeh, I more or less told them straightaway sort of thing so... and it's usually around their birthdays ... and also especially at Christmas time. (Ajay)

Several Resigners played these mental health problems down as if they were only to be expected and the severity of their problems only became apparent with persistent questionning. Several participants had not sought professional help and some felt the cost of help would not be justified. Others appeared to consider themselves scarcely worth helping:

> I was in care because I was such an arsehole, sorry, mind my French, I was ... a real rebellion at four years of age mate ... I was just out of control. My mum and dad weren't to blame. It was me. I was just an idiot and I messed up my life bruv ... and I don't deny that. I am not proud of it. (Wayne)

Resigners' grief and loss

Resigners described high levels of unresolved grief for their lost children often mentioning complicating factors for grief resolution. Most Resigners spoke about the ambiguity of their loss, namely that although the child was absent from the birth father, he or she continued to live on elsewhere:

> It's like bereavement, you learn to live with it. But with bereavement, you've got a closure. With adoption you haven't got a closure. The child is still there. You just can't see it. (Roy)

Several Resigners, fearing the stigmatisation and disenfranchisement of their loss, deflected questions about the lost child, sometimes isolating themselves socially to avoid such questions. Here, Nathan describes keeping his neighbours at a distance:

> … people know we've lost children and I don't like it. I'd prefer to go where no one knows me and start afresh, so no one knows me business … I think people will think you've done something even though you can lose your children for nothing but people don't see that … (Nathan)

For a time, Ajay confined himself to his house to avoid having to explain himself:

> Like I said, unless I needed to go out and get something like fags … the rest of the time I stayed in the house. I wouldn't leave … because people knew that I had kids and obviously every time I saw them: 'Oh where are your kids, where are your kids?' … I used to tell them they're at their gran's … (Ajay)

Roy closes the subject down and only tells the full story to trusted people:

> … most people I meet, unless I get to know them and I tell them all about it: 'I've got two children, they don't live with me'. That's where it ends unless they get to know me more. (Roy)

Several Resigners mentioned a disrupted sense of their life direction related to the loss of the future that they anticipated with their child:

> I feel gutted about the whole situation about not having her, not seeing her grow up. (Sonny)

> Well the child is still a child. It makes it worse in my eyes. You're missing out on the child growing up. (Roy)

Glenn, who was adopted himself, felt that his child's loss crystallised his loss of both his past and his future:

> I look at my roots and I think: well, I don't really know my real mum and dad and where my dad's coming from and what he looks like. So that part of my life I'm unsure of. It's missing and it can't be replaced and that's my past and it's like my future is Jack and he's been taken away as well so it seems like I'm left in limbo. (Glenn)

Many Resigners spoke of thinking of their child frequently. In every case, remembering the child was accompanied by painful feelings:

> *How often do you think about Anna-Mae?*
> Uhm every day I- it varies like sometimes it could be like for a few hours and other- it could be a few minutes …
> *When you think about Anna-Mae, what are you thinking or feeling?*
> Uhm [pause] well I feel sad that I don't have her around. (Lloyd)

> … Some days I could start crying yeah, not all the time … I just used to go fishing a lot after they were taken … to try and forget but it never goes away. Every day I think of them … it's mostly upsetting … and that's why I try and blank it … (Nathan)

> I know it's been a long time now but it eats you up inside, don't it?
> *It does? So- how often do you think about them?*
> All the time, all the time. (Brian)

These examples demonstrate common themes in the narratives: Resigners' sad, shame-tinged rumination regarding the adoption and their generally futile attempts to block memories and emotions from surfacing. Some Resigners reported using prescribed medication or other substances to help anaesthetise them from the emotional pain of adoption loss.

Several Resigners spoke of a variety of circumstances and events which could retrigger these emotions at any time:

> I can't sleep at night, I keep thinking, I keep waking up [unclear]. I used to hear him bang on the bedroom wall to get up in the morning, bangs the wall at seven, half past six in the morning, wakes up: Hey! Bing! Bing! Bing! (Alan)

Some participants, such as Roy, invested even more strongly in their work identities to counteract the effects of the adoption crisis. Work provided a distraction from gloomy thoughts and a place where men, working side by side,

could acknowledge personal setbacks which were put in proportion by workplace camaraderie:

> I don't let things get me for too long. I'll feel depressed then I'll think there's no point staying like that. You fall off your bike, you get back on your bike otherwise you never get back on it ...
>
> Men talk more about their emotions to other men when they're at work. (Roy)

Most Resigners, although not living with emotional pain at the level immediately after the child's adoption, described intense feelings of loss, which in some cases had hardly diminished as time has passed:

> ... parts of me teared away ... it's hard to explain, just cut off and piece of you missing. I remember our Lewis always saying to me: 'Do you love me daddy?' I said: 'Course I love you son, I love you with all the world'. And that's the last feeling I get of him and then he gets taken then and I don't see him again. (Nathan)

Some two years after the parting, Ajay and his partner are still "temporarily" staying with relatives having abandoned their home:

> ... I couldn't actually stay actually in our house 'cos there was ... too many memories of the kids ... running around and what not ...
> *So you left that house and never went back?*
> Never went back. (Ajay)

Some birth fathers who are apparently functioning successfully in other aspects of their lives including work and relationships live a parallel life in which they continue to be assailed by self-reproach with regard to his adopted children:

> It does upset me, but I have to live with it don't I? There's nothing I can do now, they've gone and that's it ... I talk to Josie [partner] about it she helps me through it. She'll say: 'Stop keep beating yourself up about it', but sometimes you can't. (Brian)

Resigners maintaining the moral self

Resigners and "The Fight"

All but one Resigner allude to "The Fight" as a source of moral justification although the theme is only developed significantly in half of the interviews.

Rather than an ongoing fight centred upon opponents contesting the adoption and its sequelae, Resigners may have "fought" their case by attending the required assessments in an attempt to convince the court not to make an adoption order. For Nathan, "The Fight" involved of jumping through assessment hoops rather than being oppositional:

> *When you say fighting for them what were you doing?*
> … We didn't want the adoption to go ahead so we were still fighting through the courts, going for assessments, going to er- marriage guidance, whatever groups we could go on to fight for our kids back. (Nathan)

Claiming heroic defeat

For Resigners, "The Fight" over the adoption is often verbalised in the *past tense*. Their current preoccupation is to show that they have done all that they could in the circumstances to prevent adoption:

> We were doing all this that they were saying, jumping over hurdles. What for? It didn't get us nowhere- still didn't get me kids back. (Nathan)

Resigners acknowledge that in spite of the justice of their case they have been defeated. The fight is over and further resistance is futile:

> Maybe one day I'll see them again. Until that day comes there's nothing really I can do, we've fought and fought and fought and there's nothing we can do. (Nathan)

> Last day of court social services changed their mind and that's when I gave up and thought right I'm not fighting no more. I just gave up in the end. There was nothing else I could do really … (Brian)

Part of their current fight then is to endure defeat with no hope of a remedy:

So what does that make you do or feel … ? What do you do with that?

Put up and shut up really, carry on fighting for what we think's right.

Try and put things right?

No, no, no, put up with what's happened.

Put up with it?

And just shut up and carry on- forget about it.

Go away you mean?

Basically yeah, that's what we got told, that's what parents have to do, put up and shut up. (Nathan)

Although defeated, Resigners claim that they fought bravely against overwhelming forces. Lloyd explained his lost fight over his child's adoption in terms of a principle established in his childhood that when your back is to the wall you fight even when facing defeat. Losing in these circumstances is connoted as heroic:

I grew to … try to put up a fight whatever way I could think of like whether lashing out with my fists, or my tongue … I think it's kind of taught me like never to give up even when I lost … (Lloyd)

Many Resigners felt pressured to maintain the claim to have fought resolutely against adoption. One source of pressure was other birth parents:

Oh, I have had people on the internet … saying: 'Oh, you don't fight hard enough'. I said: 'How can you fight hard enough when a judge has made his decisions … you can't change their mind can you?' (Wayne)

However, the main concern of most Resigners was the imagined opinions of their adopted child. If and when they returned as adults, the Resigners expected them to have two main preoccupations: Had their birth fathers resolutely opposed adoption and were they fathers to inspire pride?

For Resigners, to have fought for your child appears equivalent to loving your child. Conversely, not to have fought for your child indicates lack of love:

What do you think it [reunion with child adopted] will be like?

> Very emotional, I do know that. I wouldn't want to say apart from 'I always
> thought of you. I always fought for you and I love you'. I don't know what else to
> say about that one. (Nathan)

Here Wayne considers pursuing further legal proceedings which will put his
resolve beyond doubt:

> I am now taking it to court but ... I am doing it because then no one can say that I
> haven't done everything I can for my boy. (Wayne)

In this context, signing agreement to adoption is highly problematic even in cases
where the Resigner acknowledges that adoption is best for the child, since
consenting may be seen as indicating a lack of love.

The second test that Resigners imagine their child applying is whether the birth
father can inspire pride. Glenn contemplates trying to meet that expectation as
perhaps his main challenge in life:

> ... trying to show to Jack that yeah I made mistakes but I've moved on but did it
> for him to be a credit to him so he can look at me and say he's proud of me – not
> ashamed. Erm so that is something to work for, something to live for, something
> to achieve. (Glenn)

Lloyd too, hopes to present himself to his returning daughter as a reformed
person:

> I won't get her back and still fighting for her ... I feel when I gets back ... in touch
> with me ... like ... showing her ... what I've been doing ... Like uhm would show
> her ... the person I am or ... hope to be! (Lloyd)

Some Resigners are conscious of currently failing the twofold test by having
inadequately opposed adoption or by living disordered lives likely to inspire
only pity or contempt. Here, Eddy chides himself for neglecting opportunities to
prevent the adoption:

> ... in my heart I knew what was going to happen ... Part of me was saying ...
> maybe we've got a chance- maybe- but in my heart I thought: it's fucked now ...

because y'know I hadn't … put myself forward. I hadn't gave myself a chance …
(Eddy)

Consequently, some Resigners are preoccupied with the need to justify themselves to their children at an imagined future encounter. Some have the file papers ready for their child's arrival. Others are nonplussed as to how to account for the child's adoption. Brian anticipates his children's return with foreboding:

… am I going to get a knock on the door one day, or have I got to explain why they got put into adoption … I've got all that to come yet, haven't I? There are bits I'm dreading, like if they finally want to know the reason why. (Brian)

Most Resigners express worry about the possibility of their child returning but feeling ashamed of and rejecting them. Glenn, aware of his own faltering reform, voices that danger:

I want … to be in that position if he ever comes looking, that he won't see me as an old wreck, but someone who's holding their life together. (Glenn)

Many Resigners were unsure whether their child would seek them out. No Resigner suggested that they might take the initiative in seeking out their child. But in the event of meeting the child again, most felt acutely vulnerable to the imagined opinions of their returning child. This was reflected in the ambivalent way in which they contemplated the possibility of their child's return. On the one hand it was a longed for event which could bring healing. On the other hand, it could bring final humiliation:

What do you think it [meeting his child again] would be like?
Er [Long pause] er devastating if he don't actually … want to know …
If he doesn't want to know?
… Yeah, if he didn't want to know and er [Long pause] and I suppose if we did actually … meet again … it would be a mixed feeling between [pause] joy but also a bit apprehensive, sort of scared sort of: Will he like me … or does he resent me … (Ajay)

Wayne plans to deflect his child's imagined anger onto others:

> He is going to hate me to start with because the first thing he is going to say is 'why did you dump me?' and that is when I say: 'There you go son there's the paperwork: you read it. It's not me you want to be angry with. It's your mother and social services.' (Wayne)

For some, such as Glenn, there was a sense that they should be redeeming the time in preparation for that Day of Judgment but that they were failing to do so.

"Do-as-you-are-done-by"

The reciprocal standard of doing as you are done by appears in Resigners narratives perhaps underscoring their need to show that they have fought for their child. Here, Glenn states the principle in relation to an incident with his ex-partner:

> … I got aggressive when aggression was dealt with me … (Glenn)

However, although it remains an ideal, there is little in Resigners' narratives to suggest that they go out of their way to enforce the principle.

Neutralising accusations

Most Resigners made significant use of neutralisation and some used it extensively in mitigation. Here Wayne sets the bar high for his accusers whilst ignoring the actual concerns that social services had about his child's care:

> … that's when I stood up and said: 'Right! Have I beaten him?' They said: 'no'. 'Have I sexually molested him?'. 'No'. 'Have I ever given him any causes to feel frightened?' No'. 'Have I ever frightened him?' 'No'. 'Have I ever tried kidnapping him?' 'No'. (Wayne)

Here, Glenn and Nathan seek to minimise problems identified by social workers:

> … what I am saying is we weren't in that category of we fought every day because it wasn't like that … and in fact, there were times, if they'd bothered to look and see how I was living, … I was coping with life … (Glenn)

> There was only one domestic violence between me and Susie. (Nathan)

Other moral justifications

All but one Resigner "accused the accusers" including some severe criticisms similar to those made by Vindicators, although this theme was not prominent in the data. Claims to innocence in relation to the child's adoption were implicit in most Resigners' interviews but generally not accorded great emphasis.

"Defending self as a good parent" as a justification was present (though usually muted) in the interviews of half of Resigners. Although one participant gives it prominence, it is weakly represented in the remainder. This may be explained by the demoralisation and shame experienced by Resigners, making affirmation of parental prowess difficult to sustain. Alan, for example, offered this somewhat tepid defence of his parenting:

> No, I brought them up the way I could, the best way I could. (Alan)

How Resigners manage intimacy

Hiding behind the partner

Resigners, like other participants, regarded mothers as mainly responsible for childcare and were therefore able to distance themselves to some extent from criticisms of direct childcare. For various reasons, several were living temporarily or permanently outside the family.

Blaming the partner

Three Resigners held ex-partners mostly responsible for neglectful childcare leading to the adoption also citing erratic, adulterous or violent behaviour towards them.

Sonny was shocked to discover that the birth mother with whom he had had a single sexual encounter had had several previous children removed because of erratic childcare. Four other Resigners indicated alleged failings on the part of their partners. Ajay saw his partner as the main carer who was regrettably failing to cope with childcare responsibilities. Nathan felt that his partner's tendency to be drawn into disputes with local youths drew social services'

attention to the family. Glenn cited his ex-partner's volatility and violence to him within the home as the final straw leading to his son's removal.

Sticking together

Four Resigners were still in partnership with their child's mother; two were not formally in a partnership but still closely associated. These birth fathers had stayed with their partner in spite of the extraordinary pressures on partnerships in care proceedings, perhaps to seek security in the context of heavy external criticism. Ajay and Alan spoke of hiding with their partners from the hostile world outside:

> ... before we moved here, we moved into a B&B and we more or less were like hermits ... (Ajay)

> We don't talk to anybody in the street, we keep to ourselves. (Alan)

One necessity for couples who stayed together was to avoid blaming each other for the child's adoption:

> ... most people thought we would have split up obviously rather than me blaming her or her blaming me for the kids actually going. But we both knew that it wasn't ... one of us in particular to blame. (Ajay)

In addition, some birth fathers and partners seemed to have a tacit agreement that certain topics were highly disruptive to the relationship and must remain taboo. It appears that some couples who stick together find each other's presence an additional complication in the grief process. Ajay, previously portrayed as enduring acute unresolved grief and disabling mental health issues, expressed distress at his partner's emotional pain and her unwillingness to confide in him:

> I deal with it a lot better than what she does. She won't talk to nobody about ... anything to do with the boys ... She won't even speak to me about how she's feeling, or if she's down ... She'll be just sitting there and all of a sudden she bursts into tears ... she says she can't ... talk to me ... and even though I tell her she can, she thinks well, if she talks to me she'll get me more upset. (Ajay)

Although formally separated during care proceedings because of social services' domestic violence concerns, Glenn and his ex-partner Corinne are in constant communication (she called or telephoned Glenn three times during our interview) their shared grief seemingly as unresolved as their relationship:

> I do get on with Corinne, I've never not sort of erm stopped communicating with her because we are going through the same grief …
>
> … she has someone else, we have lots of touch with each other she can come round here- she's even got my key… (Glenn)

Lloyd and his child's mother still share accommodation though they have ceased to be partners. However, Lloyd seemed unable to motivate himself to make independent decisions and continues to be chronically depressed. The analysis suggested that Resigners in "sticking together" and unresolved partnerships faced additional challenges in addressing adoption related loss.

Making a new start

Only one Resigner, Brian, had formed a new partnership. He reported this as a supportive partnership. He and his partner have three children together. It appears that, this partnership involved the new partner's acceptance of the birth father in spite of his previous history, including support for the legitimacy of the birth father's position.

Struggling to imagine a new father role

Acknowledging a changed role

In contrast to Vindicators, most Resigners acknowledge disconsolately that they have been displaced from their previous father role. Some Resigners adhere to the notion that they are their child's true parent, denying the adopters legitimacy as parents:

> *You can't be her parent and they're her parents too? Everyone can't be a parent?*
>
> No. Deep down because I'm her father I wanted her and I'll always want her. I see them as, I suppose long-term baby sitters. (Roy)

For the most part, Resigners submit uneasily to the reality of the adopters' predominance in their child's life.

What is the birth father role?

Some Resigners spoke of never having had a clear notion of what a father should be:

> … I still can't believe I am a father but saying that … I feel like I am a father to a dead child, I don't know what its like to be a proper father. (Wayne)

Resigners' shame based self-absorption made it difficult for them to imagine a future role as father to their child who was adopted:

> *What's your role now?*
> My role- I don't have much of a role right now. That's it um [pause]
> … I let myself down as well. I always said I wouldn't want to have a child out there somewhere. (Sonny)

Most Resigners could see no clear role for themselves in their child's life:

> Not really because they've been adopted haven't they. There is nothing no one can do now. (Nathan)

> It's hard to say exactly what role I … do have at the moment … compared to like er what role I would have liked … I'll probably just have to see how it goes. (Lloyd)

> *So what are you and [birth mother] to them now?*
> We're nothing to them now.
> *Nothing?*
> We're not mum and dad to them are we? Really?
> *Yeah, but could you be something else?*
> Not to them now, I wouldn't be nothing to them now would I? They wouldn't remember who we are, I don't think, would they? (Brian)

Some such as Glenn, imagine making some contribution to their child's sense of heritage although uncertain how to proceed and whether adopters would welcome his input:

> I look forward to these erm forthcoming years that maybe they will consider me doing a little CD thing so he can put it on a DVD player. You know when he's at the right age, I wouldn't want to rush it but I would hope that they would consider it. (Glenn)

Ajay, one of only two Resigners to have met his children's adopters is clear that his offer to pass on such material would be welcomed but his intent to do this reactivates acute feelings of loss:

> I haven't yet because obviously the minute I put it [DVD] on, I'm going to flood into tears … but I done them a whole copy of like the kids when they were actually younger so then… when the boys actually look at it they can also see Geena and me … (Ajay)

But Ajay shows here how thinking and acting regarding the children pitches him into waves of pain and confusion. His positive statement tails away into sadness and incoherence:

> [Brightly] I'm more happy talking about them now until [pause][slowly] it starts getting to like deep [long pause][unclear] there we go [pause-obviously distressed][unclear] I'm getting all tongue tied [unclear]… (Ajay)

Other Resigners seem to postpone thought about their role, leaving the initiative with the child:

> *What do you think that role is?*
> From my perspective it would be a loving, caring and supportive role. There'll always be that. But now or in the future I couldn't say because I don't know how she's going to grow up or what she's going to grow up believing in. (Roy)

Keeping the child alive and present

A particular challenge for Resigners was how to retain the sense of the reality of their child. For Resigners there seemed to be several barriers to rich contact with

adopters and the child which make finding a new role and keeping the child's presence alive difficult.

Firstly, only two had met the adopters. Some Resigners who had not met the adopters felt they had no context in which to imagine their children:

> ... we wanted to know what kind of people they were what background they were from, but we've not been told nothing, we don't know anything. (Nathan)

Other Resigners' ambivalence about meeting the adopters deprived them of that context too.

Secondly, no Resigners had face-to-face contact. Thirdly, many Resigners were generally passive regarding contact arrangements and tended to give up if there were difficulties:

> Every time I go to social services: 'Oh yes we'll sort it out, we'll set it up, we'll get back in touch with you in a few weeks'. You get back in touch with them and they've still not done nothing. They've got no intentions of doing anything. I basically just gave up on that. After four years they're not going to set it up are they? (Roy)

Instead, Roy reads letters sent to his partner to check on his child's progress. However, he is invisible to the child and to the adopters since he is not supposed by the adopters to be living with her. Effectively, he has accepted a "ghost father" role, playing down his importance for his child.

Fourthly, some Resigners find letter writing inherently difficult:

> ... it's very difficult to write a letter, I find it hard to say certain things I don't know why, my writing skills are useless ... (Glenn)

This was particularly so when letters must be stripped of the very emotion fathers most want to express:

> We were told we can't put something like 'we really miss you', 'we wish you were here' ... and ... it's hard signing it at the bottom just 'Ajay and Geena' ... (Ajay)

Hence, the experience of some Resigners of a diminishing grasp of the reality of their child as father and child travel through time in divergent directions and memories fade or undergo re-editing.

> I still try and keep them as if they're still with me, but obviously I know they're not. Like just ... some of their little quirks and that they used to do ... just to ... make it easier for me to talk about them. (Ajay)

Birth fathers must work to weave new information from contact into their image of the child:

> *When you think of them, do you think of them as they were when you last saw them, or ... as they are in the pictures?*
>
> ... I'd say at least 80% of the time is ... thinking of them like the stuff they were doing when they were actually at home ... and then the other 20% is like what they're doing now and I wonder how big they're growing and what's their favourite colour now and what they do ... (Ajay)

Some Resigners sought to secure fleeting memories and relationships by constructing memorials:

> Inside the flat, the participant had made a comfortable living area a little cluttered with ornaments. In a dominant position was a bookcase above which was a photo collage, which showed the participant, his mother and other relatives and his daughter who was lost to adoption. The display also included a small picture at the edge, of his father [who is out of touch with Sonny and other relatives]. The collage had pride of place in the room and took on the appearance of a shrine. (Field notes of interview with Sonny)

In the context of contact which excludes the expression of feeling and hope, Resigners' uncertainties about having a future father role and worries about the possibility of eventual rejection by their child, time passed with glacial slowness:

> ... Each year goes past and it just feels as long as what it did when it all started ... It's there but its never coming... (Roy)

Becoming a father to be proud of

Only two Resigners constructed sustained reform narratives. In Glenn's case the narrative falters. Glenn glimpsed the challenge ahead and the need to make good but seemed unable to motivate himself to change:

> Erm [pause] I suppose getting on with life really, being realistic, growing up, I haven't really shown much signs of doing that lately and I've tried my best um and um … (Glenn)

He holds social services responsible for pitching him back into a "chaotic lifestyle". Their lack of belief in him accounts for his faltering recovery:

> I mean some of the words they used um, unstable, or chaotic lifestyle– that was a phrase they used … well my chaotic lifestyle became chaotic when they kept refusing me access to my son …

> I did as much as I could to change my life around and people recognised that but not social services, they didn't give a shit because as far as they was concerned I wasn't part of the bigger picture… (Glenn)

Eddy demonstrated a stronger reform narrative, describing his months of residential rehabilitation followed by a move to a community hostel for recovering substance abusers:

> So, you know I want to be [pause] a dad in any way I can. [pause] em [pause] If I see her in eighteen years' time I don't want to be depressed father or sat there blaming someone else erm [pause] I want to be someone that she can come and talk to and [pause] be strong. (Eddy)

However, he was conscious of the novelty and fragility of his recovery and was only beginning to emerge from self-absorption:

> I don't expect her to come rushing back in my life because I've cleaned up … That would be … selfish … especially in the social workers eyes y'know I could relapse again. (Eddy)

Other Resigners acknowledge issues such as depression, relationship problems and unemployment and the desirability of addressing them but seem to lack a

coherent plan or motivation to tackle them.

Resigners using therapy and adoption support

Resigners who admitted to significant depression were ambivalent about counselling:

> Yes. I would have done [taken up counselling] but for how long I don't know. I'm one of these people that will only do something until they think they don't need it no more. I will only go to the doctor's if I think I need to. If I don't need to go I won't go, even though I probably do need to go. (Roy)

Lloyd, who had been feeling so low that he has been incapable of work for years, gave up taking antidepressants:

> I suffer from depression and that like … I don't bother to take the medication anymore because I know what the cause is like and what needs to be done to deal with that. (Lloyd)

Instead, he communicated with other birth parents on internet chat rooms. He was meeting an adoption support worker until she retired but no one replaced her. He would welcome being "in touch" with the adoption support agency but:

> I don't know about counselling… (Lloyd)

Ajay takes prescribed medication for depression and panic attacks. Having already spent a considerable time in the interview sharing painful feelings evoked by the adoption crisis, I asked Ajay if he had considered counselling:

> … as you can probably tell, I'm not one of these really… talkative [pause] about my feelings … sort of … people. I wouldn't know where to start to be honest. (Ajay)

His instinct was to damp down his feelings and not seek therapy but he might give it a try:

> I put it to the back of my mind. I only deal with it until I have to deal with it …
> I think counselling and that should actually be offered, because if it was there I'd probably … go along to it just to see… (Ajay)

Alan appears to address his depression in a hand to mouth fashion:

> I'll see what the doctor says on Monday. I'll get some more pep pills.

Counselling even if offered, would be unacceptable:

> *Had you ever thought of asking for some counselling?*
> Not yet. I just get on with it. (Alan)

Nathan, whose unresolved grief following his brother's death was identified as an issue for his ability to parent during the adoption crisis was frankly unwilling to engage in counselling:

> I was depressed but I didn't need to go and talk to a stranger about me brother's death. I dealt with it me own way. I dealt with it and just carried on me own way.
> *Right, what's your own way?*
> I just speak to me family and speak to me friends ... (Nathan)

Some Resigners found it acceptable to use adoption support services for practical issues such as help with writing letters to their child and the adopters. A few were involved in birth parent groups which provided an occasional respite from their isolation with adoption issues.

The life that's left

Most Resigners seemed to be seriously affected in various aspects of their lives in the aftermath of the adoption crisis although a few seemed more able to encapsulate their painful adoption experiences. Though less seriously affected, these Resigners were not free from adoption related problems.

For example, Brian, now father of three children from his new apparently supportive partnership and in work, finds, that feelings of loss and shame regarding his children who were adopted undermine his confidence in his current role as father. He is faced with issues to explain to his children, which confuse and worry him:

> I find it hard bringing the children up er, I can't- I don't know how to put it in a
> better, erm . Because I had the others took off me, I find it hard with these three
> … to be a dad to them …
>
> I've told the kids that I've got other children … and they've said to me: 'Where
> are they?' So I've had to tell them and then I think to myself: 'Have I done the
> right thing by telling them?'… because I don't want them hating me because I've
> got other children, because they are going to think: 'Why am I here with you and
> they're not?' (Brian)

Most Resigners continue to face multiple issues including poor mental health, chronic grief, inability to work, tense and unresolved relationships and social isolation. Ajay, for example, described his daily struggle with life thus:

> It has got its up points … but they're few and far between. (Ajay)

Summary and conclusions

Although a few Resigners were not the focus of attention and criticism in care proceedings, most have experienced the full impact of humiliation and defeat in the adoption crisis. A number have significant personal issues predating the adoption crisis which may have contributed to their shame based orientation. Although periodically they transpose humiliation to outbursts of rage, for the most part they defend the vulnerable self by means of withdrawal from the site of conflict and anger is redirected towards the self. Most Resigners, like the Vindicators, were unable to name the emotion of shame and showed poor reflexivity which distinguishes them from the Affiliators group. Their main social emotional strategy is to transpose the denied and hated emotion shame to depression and withdrawal. This permits Resigners to hide from further punishment and defeat. The emotional cost of the strategy is high. Most Resigners suffer significant depression and related mental health issues. They also show high levels of unresolved grief. Resigners tend to ruminate continually and painfully about their lost children.

Analysis suggests that, having been defeated over the adoption, the main focus of the Resigner's "Fight" is for credibility. The test Resigners have set themselves is to convince their children returning after adoption that they fought heroically to prevent the adoption and that they are now fathers to inspire pride. Most Resigners' fear their children's final verdict in both regards.

Although most Resigners make use of neutralisation as a means to mitigate their alleged shortcomings, it is noticeable that Resigners generally spend less effort than Vindicators in attempts to maintain the moral self. It is possible that this reflects their state of demoralisation. Their main concern may be not to assert themselves and challenge stigmatisation but to seek to escape from it by hiding from potential critics.

It seems that Resigners' relationships also reflect this desire to hide from a hostile world and seek security wherever it may be found. Seven of the ten Resigners were either still living with their child's mother or in what appeared to be an unresolved relationship with her. "Sticking together" relationships seemed to be characterised by closed boundaries with outsiders, with the partners trapped together in mutual unarticulated and unresolved grief. Unresolved relationships shared these characteristics but included some mutual recrimination. Those who were single or in a new supportive relationship seemed to have more potential to focus outwards upon the needs of their child who was adopted.

Resigners' shame proneness and demoralisation seems to deplete their ability not just to imagine a new role in relation to their adopted child but also to function successfully and confidently in other important life roles: work, relationships and the prospect of further parenthood.

Resigners make some use of adoption support services but for the most part at a practical level. Resigners have a tendency towards self-isolation, low self worth, stoical resignation and passivity regarding their mental health issues and unresolved grief.

Several resorted to psychotropic medication but there were a number of Resigners with high levels of emotional distress who appeared to be living lives of "quiet desperation" rejecting or feeling highly ambivalent about seeking counselling help.

Chapter 10: Affiliators

Destiny is now no longer an unalterable fate, irreversible good or evil. Destiny has become a continuing experiment in which we are free to learn from our mistakes.
Freeman Dyson (2011)

Introduction

This chapter presents findings regarding Affiliators' management of social emotion. Affiliators are a guilt prone group of participants who tend to account for events which provoke self-censure as wrong actions which may be corrected and do not affect their inherent self worth. The chapter describes the ways in which they appear to reduce the impact of shame. It discusses how they contain their sense of loss regarding the child, maintain moral self worth mainly on the basis of reform and turning point narratives and reflect upon changed priorities in intimate relationships. Findings regarding their adaptation to a distant father role in the context of the adoption kinship network are also included.

Findings

Affiliators experience of humiliation and defeat

The experience of humiliation and defeat is less prominent in Affiliator accounts compared with the other types. Three Affiliators mention being subject to some humiliation during care proceedings. Paul who, with his wife, was a central figure in the proceedings regarding his children describes intense humiliation following their loss:

> We were feeling gutted you know, you know we felt total losers put it that way, humiliated, good for nothings, waste of space really you know, That's how I felt, I think we both felt that way. (Paul)

The intensity of his experience is not representative of others. Some Affiliators complained of a degree of institutional humiliation and disempowerment. For example:

> ... it was excuse after excuse after excuse. They were making excuses not to return my children. (Graham)

Shane recounts instances of being demeaned and mocked:

> That was bad ... their solicitor kept smirking every time she was giving evidence ... and I got a bit angry and I was sitting on the stand and I kept saying to her: 'Why are you laughing?' ... And she kept saying 'Mr Stevens, I'm not laughing'. She had a big grin on her face, whether it was to wind me up- and it did. I just kind of made myself look an idiot you know. (Shane)

However later findings suggest that Affiliators generally escaped comprehensive humiliation because they could see themselves as marginal to the main concerns being expressed about the child.

Affiliators managing social emotion

The question arises as to what bearing Affiliators' previous histories may have had upon their social emotional style. Three Affiliators described largely positive childhoods although Graham's later childhood was blighted by his mother's terminal illness.

However, the remaining two Affiliators described highly abusive early histories in which they had to fend for themselves and face significant experiences of bullying, which could have sensitised them to humiliation. Both reported subsequent compensatory experiences. Shane had been placed with a foster carer with whom he formed a strong attachment in his adolescence. Ryan had emerged from a long period of rehabilitation to join a Christian community, which is still his main source of security. It appears, therefore, that Affiliators came from varied backgrounds and that all of them have some sources of emotional resilience. However, some entered adulthood with challenging residual issues to address related to their earlier abusive care histories.

Affiliators experiencing shame and guilt

Although what is distinctive about Affiliators is their capacity for a guilt-based

focus on their child's welfare, analysis shows that they also experienced shame, sometimes intensely. Some Affiliators describe feeling humiliated rage in response to social services actions. For example:

> There was a time I very, very nearly punched Mary [social worker] and threw her down the stairs. I wanted to do that, but I would have ended up in jail if I did that, so I didn't. (Paul)

It is clear from this that shame/ anger sequences are not confined to the other types. What is notable, however about Affiliators' accounts of humiliated rage, is that Affiliators seem to struggle with their anger, restraining themselves by focusing on the consequences for themselves and the child of giving anger expression. Where their anger erupts, Affiliators are concerned to repair relationships.

Here Shane describes such a repair in his relationship with his children's adopters and their social worker following heated disagreement:

> I didn't want people to think, I'm aggressive- I'm not. I fight for what I believe in … I thought the best way to deal with it was walk out, calm down, live to fight another day … If they thought I was angry or aggressive they won't want to see me again … as it turns out they wanna see me … so I think I made the right decision. (Shane)

When Affiliators describe painful social emotions about their child's adoption they also tend to modulate those emotions, as in this example:

> Humiliated, angry, frustrated … Yeah, but what can I do about it … I look at this way … there's no use venting your wrath or anything like that- you're not going to get anywhere. (Paul)

Feelings of guilt or shame occasioned by behaviour the participant now regrets do not necessarily cease when acknowledged. In this example, Graham seeks to manage worries about his children's possible permanent harm caused by witnessing domestic conflict:

> I don't know if they'll remember that or not.
> *What do you think?*

> I don't know. Because where they were so young, I'm hoping not but you never know. So that's something I've always got to think about. (Graham)

Being generally guilt-based does not necessarily release Affiliators from continuing negative social emotion concerning their children. Shane feels similarly about his absence from his children's lives when the adoption crisis arose:

> I'll feel guilty about this for the rest of my life ... I might be able to deal with it better in years to come ... Every time I look at the photographs it's never going to go away, knowing that I've hurt my kids in this way. (Shane)

In spite of his energetic commitment to his children and to self-reform, being "ashamed" robs him of a feeling of authentic pride for his achievements:

> ... when I was in court they were saying that I should feel proud I have worked so hard and I've changed my life around. But how can I feel proud that I have lost two of my kids to adoption ... It doesn't make me feel proud one bit. I'm ashamed of myself. (Shane)

Affiliators, therefore, may be afflicted with shame and also describe episodes of transposing humiliation into anger. They persist with their guilt-based approach to reparation in spite of being unable to banish lingering guilt feelings. This section also illustrates, however, that Affiliators are in the small minority of birth fathers able to name guilt, humiliation and shame as key aspects of their experience of the adoption crisis.

Affiliators and shame reduction

Naming shame and humiliation

Indeed, it appears that this ability to name negative emotion and its source correlates with Affiliators' capacity for shame reduction. As well as enabling emotion to be modulated, naming the emotion seems to improve the chances that birth fathers will break out of the social isolation inherent in the experience of chronic shame and begin to use relationships as part of the detoxification of

adoption related emotion. Three of the five Affiliators appear to have used relationships in this way.

From isolation to interdependence

A progression from obdurate isolation and unacknowledged shame to greater openness and interdependence of relationships is suggested in several Affiliators' reform narratives. Graham states that initially friends "were there to support me… if I needed any help…" but that "most of the time I wanted to do it by myself":

> I don't know why I had to do it by myself- still don't know why … it's something that I had to do. (Graham)

Scott, too, reflects on his previous tendency to attempt to suppress shame and anger:

> I keep everything bottled up until it gets too much and explodes really.
> *How does it explode?*
> If I go out clubbing and I get into an argument. I let it all out and get into arguments and fights and stuff like that- which ain't good. (Scott)

For some Affiliators telling the story to a trusted partner may be the first step in detoxifying adoption related emotion. This involves sharing not just the birth father's story but the associated emotions:

> … I've got this girlfriend now … I can talk to her about anything and it feels good getting it off my chest. I've told her about Daniel [son who was adopted] and I've told her about Jess [stillborn daughter]… (Scott)

Graham's account also highlights the importance of a trusted partnership as the place in which the process of exorcising isolation and shame can begin:

> *How do people get from being ashamed to not ashamed?*
> The way I've done it is [pause] with the help and support from obviously Paula. (Graham)

Receiving wider acceptance.

Sharing the story with a partner or would be partner risks rejection. However, once the birth father experiences acceptance and absolution from his partner, the couple can then agree a version of the story which the Affiliator feels able to share more widely:

> I was really worried because I thought that how can any woman want to be with a person who's lost their children through adoption; I was wrong, very wrong um because she says to me what happens is in the past wasn't your fault.
> *Mmh*
> It was nobody's fault and … she does support me a lot. (Graham)

Graham's partner reportedly goes further in absolving him than he does himself. This empowers Graham to share his story with other people he may meet as and when it becomes appropriate. In doing so he challenges the attribution of shamefulness in himself and people who might consider stigmatising him:

> … why should I be embarrassed or ashamed to say: 'well, yeah, I've got children but they've actually been adopted'. (Graham)

Patterns and quality of grief and loss in Affiliators

Affiliators all mention experiences of grief and loss of varying intensity in relation to their child's adoption but cite few indicators of poor mental health associated with unresolved grief. Instead, the continuing experience of the child's loss is mentioned in parallel with attempts to build a new life:

> … There's no way to forget … when something's happened, um you can't forget it.
> *No*
> You can always put it to the back of your mind but it's always there y'know so I think personally it's always gonna be there.
> *Mmh*
> But you have to learn to move on [pause]
> *Mmh*
> And that's what I've done. I've had to learn how to move on. [Graham]

Although face-to-face contact is a reminder of what he is missing, on balance, contact reassures Graham and diminishes the intensity of experienced loss:

And they're probably having a whale of a time whatever they're doing

Yeah

But I wish I could just be there to see it … but I'm happy because I know they're happy … So it's completely different and that's why I think I've got over it, not easily… but so quickly. (Graham)

Thus, disenfranchised grief, which is infected by shame, diminishes over time:

But now it's I can now openly talk about it and not get not get upset, not get [pause] Y'know if I'd spoke about it when it first happened I'd be in tears, I wouldn't [pause] be able to finish but now it's: 'well, why should I be ashamed'. (Graham)

For some Affiliators, keeping busy or focussing on practical issues was an important part of managing loss:

I keep myself busy so I don't spend too much time sitting there thinking about things you know. (Shane)

How Affiliators maintain the moral self

Affiliators and "The Fight"

"The Fight", a concept central to maintaining the moral self for other types, is cited by only one of the five Affiliators:

… I've got a court case which proves that I fought for these kids, whether I've got to wait until they are eighteen I know my kids will come back you know. The fact that I've fought so hard for these kids, it's going to stand me in good stead and they're not going to hate me you know? (Shane)

The significance of "The Fight" here seems to contrast with the continuing conflict with social workers mentioned by Vindicators and the retreat from defeat into demoralisation mentioned by Resigners. Shane's battle is not with an enemy but with any circumstance preventing him from have continued contact with his children. This includes his own previous substance dependence as well as the scepticism of some social workers. Similarly, Graham, in spite of disappointment with the court outcome, shows no interest in extending the dispute but focuses on what to do next for the children:

> I no longer had to go to court and y'know that at that point I was thinking well okay this must be the best thing for the children. My… focus was on the children not meself, not me own feelings. (Graham)

A possible explanation for the lack of fight rhetoric from Affiliators is that rhetoric is less important when most are taking some part in their child's life through rich, if not face-to-face, contact. In this context, fighting social workers is unnecessary. Similarly, although three out of five Affiliators make trenchant criticisms of social workers, Affiliators do not integrate "accusing the accusers" into a scheme of moral justification. Claims of innocence of allegations made against them in the adoption crisis were absent in three Affiliators and present but not prominent in two.

Turning points and reciprocal morality

Some Affiliators emerged from a culture of masculinity which endorsed reciprocal action to repel aggressors and uphold pride. Ryan described a childhood and young adulthood in which he felt obliged to fight his corner frequently:

> … I've always been fighting with authority, prison officers and police and all that but not the decent ones. I get on with anyone who's decent and does things in a just way and that um I respect people if they respect me… (Ryan)

He described a turning point during a prison sentence in which he sought therapy to understand the sources of his own rage, and thereafter, over several years and many setbacks, became more reflective and began to step back from conflict.

Shane depicts a similar history except that the turning point was becoming a father. Fatherhood for him meant responsibility for his children which he saw as incompatible with fighting to maintain pride:

> I get on with everyone you know- give people a chance, you know. Just don't cross me. If you give me the hump then that's it. I mean nowadays I don't fight no one. Now I just do what I do, walk away … I won't get into fights no more. Just sod 'em! Turn the other cheek.

So when did that change for you?

I think it's when I had Gemma. Gemma calmed me down you know. When I first had Gemma... that was it. I'm a dad. Responsibilities isn't it. (Shane)

Some Affiliators, then, speak of turning points in which important changes in priorities and identity are matched by their stepping back from action based upon masculinised reciprocal morality.

Neutralisation and exonerating circumstances

Each of the Affiliators is able to accept some level of responsibility, though usually less than that reportedly attributed to them by social workers. Although in many ways exemplifying the possibility of guilt-based/generative birth fathering, even Graham engages in exonerating narrative to reduce blame. Three Affiliators sought to neutralise some accusations against them. Also, each Affiliator cited reasons for not believing themselves to be the main focus of attack in respect to the adoption of their child.

Graham was not his child's main carer and did not neglect the children as his partner reportedly did. He suffered a health collapse ruling him out as alternative carer for which he could not be blamed. Shane accepted responsibility for his chronic marijuana use and his absence from his children during their care crisis (maintaining that he stayed away to spare the children conflict). He was not, however, responsible for his children's neglect by his ex-partner.

Scott believes that he was irresponsible in relation to his child's conception. However, in spite of his commitment to his child, practical circumstances beyond his control ruled him out as main carer and his ex-partner was the instigator of a relinquished adoption.

Ryan agrees that his imprisonment following a police "siege" and his drug centred lifestyle contributed to the family crisis but whilst he was imprisoned, he

did not feel as responsible as his partner for the subsequent neglect of the children which led to their removal and adoption:

> But I don't totally blame her for that. I was partly to blame. I was part of that equation, I was part of the problem. (Ryan)

Paul felt he failed to appreciate his partner's difficulty in managing and meeting the emotional needs of his children. However, it was his partner, not he, who physically assaulted one of his children leading to the adoption crisis. On the basis that both he and his partner have Asperger's Syndrome he is able to exonerate himself and his partner for being unable to parent his children empathetically:

> … the fact I've got Asperger's Syndrome - the fact I'm not able to look after children … (Paul)

These exonerating circumstances apparently released the Affiliators from feeling comprehensively blamed and humiliated in the adoption crisis.

"Defending self as good parent"

All Affiliators presented themselves as attentive parents to the child who was lost to adoption and this theme was prominent in two cases. Graham relates surprise and delight at witnessing his children's developmental progress whilst with the adopters:

> I can see that they're happy and settled and they are developing and they're growing up … with Jacob … it was like you're so small but like you're doing all these things … that I didn't think you could possibly do and you're doing it. Y'know and to me that that was amazing. (Graham)

Here, Shane discusses his worry about one of his children's adoption placement because she is separated from familiar half siblings:

> Jasmine was with her sisters at the foster carer and Jason was at the other foster carer.
>
> *Ok so that's why you say that Jasmine's having a struggle?*

> Yeah because she's lost everything. Jason was different, he was with old people on his own, now he's got a nice house, family, he's loving it. Jasmine she's been taken away from everything that she knows.

These Affiliators' mentions of their children appear quite distinct from those of other types in that they do not seem to comprise discourses designed to denigrate adopters or social workers or to compare the narrators favourably with child abusers or to claim exclusive fatherhood. Instead, they appear to support the Affiliators' focus upon the children's needs and interests and the possibility of the birth father contributing to them.

"Constructing a reform narrative"
Four out of five Affiliators provided prominent reform narratives sometimes linked with specific "turning points".

"Reform" implies that there was a past negative aspect of self that has since been overcome. Affiliators seemed concerned to identify and account for "wrong" actions and their subsequent recovery of moral status. Graham holds himself responsible for "neglecting" the children by staying in a relationship in which the children witnessed conflict:

> … when we were arguing it was in front of the children so to me in a way, yes, I neglected to children because I was arguing in front of them and that should never have happened. So if I'd gone my separate way and seen the children there would have been no arguments … (Graham)

He partly neutralises this confession by pointing out that he stayed in the family to protect the children and suggesting that the adoption would probably have happened anyway. He constructs himself therefore, as well intentioned and mistaken rather than wilfully immoral.

His moral fault requiring reform it is in persisting in his attempts to manage his depressed and angry partner, their failing relationship and the childcare crisis rather than admit that the situation was beyond him. He portrays himself as

lacking the emotional insight to see that he was sitting on a tinderbox. He was so busy attempting to "keep everything together" (a full time job; sick child; depressed partner), "blocking… out" the realisation that his partner was clinically depressed, and being inattentive to his own feelings:

> I don't know how I was actually feeling because I had so much going on. (Graham)

Family collapse followed his partner's assaulting him and receiving a caution, triggering the family's eviction and the adoption crisis. At this point:

> It was like my whole world was collapsing around me. That's how it actually felt. (Graham)

However, he portrays himself as not realising his own parlous moral and emotional state until he finds himself enacting his distress to gain "attention", which becomes a turning point:

> I committed fraud… just because I needed to know that someone was there and um obviously I got charged with it 'cos they couldn't drop it um but … they asked why I'd done it because they said like it seems like it's so out of character. (Graham)

Reform follows as he is mentored by a police officer, takes up adoption support counselling and enters a subsequent relationship based on mutuality:

> I felt that I was the man, I was in charge, what I said goes. Now it's not like that, it should be you're both equal, you both have to take the responsibility … so it's completely different … I have to, like, be there, not just for the children, but for the mum as well where before I was just there for the children, I wasn't there for the mum. (Graham)

For several birth fathers, reform narratives were linked with the challenge to become a father to inspire the pride of their adopted child returning to find them again as a young adult. Here, Scott, having joined the armed forces after years of drift, explains his motivation:

> …they [family members] didn't have much of a chance to make anything of their lives. My granddad that helped out in the wars and stuff like that. I want to do

the same and actually make my Nan proud and my two youngest proud. And I'm doing it for my son and daughter to make them proud as well. Obviously my daughter [deceased] won't know nothing about it but my son [adopted], if he comes and finds me he's got someone to be proud of. (Scott)

Shane described similar motivation for his efforts to address his chronic drug use, meet his children's adopters and provide accommodation suitable for overnight contacts for his other children in care:

I want to prove to my children that in my eyes I'm not a fuck up, I wanna prove to my kids that I'm not an absent father. I don't care about social services no more this is about my kids you know, I wanna be there for them. It's nice you know they always wanna come see me, they wanna stay over nights, it just means it's OK, they haven't forgiven me as such but they still want me there they still want me to be part of their lives. (Shane)

How Affiliators managed intimacy

Hiding behind the partner

Most of the Affiliators regarded it as their partners' duty to be the main carer of children. This inevitably placed the focus of child protection scrutiny on the mother. Distinct gender roles enabled Affiliators to step back from complete responsibility for the childcare.

'Failing mothers': Parting, parenting and contact dilemmas

In four out of five cases, the Affiliators believed that their partners had become unsafe carers of their children. Affiliators tended to describe their partners' "failings" in the context of their dilemma as to how best to help their children and sometimes, their partner. Graham's partner Michelle developed postnatal depression at the same time as her older child became ill:

Michelle didn't really know what to do when Emily had fits and stuff like that … that was quite difficult and plus she was getting postnatal depression as well so … sitting all day there crying y'know getting herself really upset … (Graham)

Shane describes continually trying to compensate for his partner's absence and

substance abuse:

> I didn't want to be with Frankie so it was always tension in the house all the time
> ... and she was always out drinking and doing stuff and by the time Roberta and
> Charlie was there I was babysitting, I'd come home from work and she'd drop
> the kids off and go back out drinking and stuff ... she started smoking crack
> cocaine after that. (Shane)

He saw himself as having some moderating influence on his partner's substance
use but at a cost to the relationship:

> I mean, obviously, there was times Frankie went out and got drunk but the fact I
> moaned at her, it stopped her a little bit. (Shane)

Identifying a partner's childcare failings was particularly sensitive given that, in
four out of five cases, the relationship with the child's birth mother had ended or
was disintegrating at the time of the adoption crisis.

The exception was Paul, the only Affiliator to remain in partnership with his
children's mother. He described a painful conflict of loyalties between his duty to
his children and his commitment to his partner. Paul's partner Sarah "expected
too much" of her preschool daughter and one day whilst Paul was at work,
attacked her:

> I dialled 999 and asked for the ambulance so you know... She [daughter] seemed
> alright but she was very quiet ... and that made me worried and you know, *my
> daughter*, and the operator said: 'what happened?' and I said: 'I think my partner
> has hurt my daughter'- *the worst words I could ever have said.* I couldn't think of
> else other than the truth. The next thing the police was there and arrested Sarah.
> (Paul)

The Affiliators faced acute interlocking dilemmas. Those still sharing a home had
to decide whether to stay in an unsatisfactory relationship for the sake of the
child. Those birth fathers who left, had to consider whether and how to support
the birth mother in caring more successfully. Then, given the tension around the
failed relationship with the birth mother, some birth fathers described their ex-
partner's response to his continued interest in the child.

Both Shane and Graham agonised about whether to stay with their children's mother for the children's sake before finally feeling obliged to leave by escalating conflict:

> The relationship? There was no relationship I would say. Um the only reason I stuck around was because of the children … which … was the biggest mistake I made …
>
> … whilst I was in hospital I didn't know that Michelle had stopped taking her medication um and that's when the real problems started. Um she became violent towards me- not towards the children- but towards me. (Graham)
>
> I wanted to be there and make sure nothing happened you know? While I was there, there was never any problems …
>
> … I told her, I know it's bad but I told her plenty of times, I'm only there for my kids. She was always- she was a bad person. (Shane)

Graham was one of two Affiliators who tried unsuccessfully to assist their partners to address childcare concerns. He took over more care of the children but found that his partner felt undermined by his interventions:

> … once I'd sorted out the children I'd be going off to work … once I'd finished my shift go back home and help sort out the children and put them to bed… she found that really difficult because she thought that we were all telling her what to do, but it wasn't. It was we were trying to just give her some advice. (Graham)

Two Affiliators spoke of birth mothers obstructing their contact with the child following separation. Scott's partner, with whom he had parted before she realised she was pregnant, twice reportedly tried to exclude him from voluntary adoption planning, fearing that he would seek to care for their child himself. Firstly, she did not inform him of the pregnancy. Then, when he discovered, later claimed that she had had a late miscarriage.

Shane reluctantly abandoned hope of post separation contact with his children

claiming that relationships with his partner's family were so difficult that to insist on contact would damage the children:

> Oh they're terrible her family ... They're very aggressive people I mean the threats I used to get, 'I'm gonna stab ya', 'I'm gonna do this and do that', just because I wouldn't let them round the flat ... And they just resented me for that; there was always trouble there. That's why when we split finally, social services said why didn't I do more to see the kids? I thought they were safe and I couldn't just knock on the door in case her family was there and the last thing I want to do is get into a row in front of me kids and let me kids see that ... (Shane)

He was finally contacted a year into care proceedings because his partner would not divulge his mobile phone number to social workers.

"Sticking together"

For most Affiliators, the difficulties faced by some participants who were still in a partnership with their child's mother did not apply. When interviewed, two Affiliators had formed new relationships and two Affiliators were single.

Paul was the only Affiliator still in partnership with his child's mother. The status of both partners as having Asperger's Syndrome appears to make Paul's a unique case in the study. His highly principled and systematic approach to the crisis and subsequent efforts to rebuild their lives distinguishes him from other birthfathers in the study who remained in partnership with the child's mother.

Although experiencing great humiliation and loss during the adoption crisis, Paul and his partner were able over time to share the adoption story with friends:

> ... it's the darkest hour of my life it's the period leading up to and after the period I was on the CPR and the weeks that followed the disappearance of my children from my home ... it took a long time for us to recover from that ... I was ashamed. In fact, I told none of my friends what happened for quite a long time. I had to get over myself before I could tell anybody. Only my family knew but I didn't allow any of my friends to know. I was embarrassed, even to look at any of my friends you know because I felt I was such a disastrous failure [pause]
> *Has that left you?*

> It's gradually tapering off. It's taking it's time. (Paul)

What appears to distinguish Paul and his partner from other participants is an unflinching dedication to what he sees as the truth of the situation. If asked whether he has children it is a matter of principle for him to declare that he has:

> I kind of make it a vow to myself and Sarah. If anyone says have you got children I say: 'yes, I've got three daughters' and I will always say that. (Paul)

In the same way, although it pains him to say it, he admits that the adopters look after his children *better* than he and his partner could do. He is similarly open in describing his feelings. He and his partner's approach to attempting to rebuild their lives following the adoption catastrophe have a similar deliberate and programmatic quality which has thrust them out beyond the typically inward facing approach of other birth parents in the study who "stuck together".

"Making a new start"

Two of the Affiliators had formed new partnerships since the adoption of their child. Both report sharing painful feelings regarding the adoption of their child with their new partner. Both believe that the new relationship has enabled them to deal with shame, guilt and loss and furthermore that they have changed their view of the nature of relationships. Both report greater intimacy and sense of equality and partnership in their relationship:

> ... it's all different. Because me and her were best mates to start with. I knew everything about her. She knew everything about me. It made it a lot easier as well. I'd say it's totally different. (Scott)

How Affiliators put fatherhood into action

Acknowledging a changed father role

Affiliators are characterised by a pragmatic acceptance of their changed role in their child's life in which adopters are accepted as parents but the birth father continues to see himself as, in some sense, a father. For example:

Now it's to be here if he comes back when he's old enough then I'll be here for him and be the father that he wants. He's got his own father now he classes as dad but I think I could be a father that's here for him when he wants me. (Scott)

Preparing for a new role

This acceptance of the adopters as parents is one factor which apparently helps Affiliators adapt to a new reduced father role. It seems significant that of only seven of the participants in the study who met their child's adopters, four are Affiliators perhaps reflecting recognition by social workers and adopters of the level of acceptance of adoption that Affiliators had already reached. It appears that being consulted about and meeting the adopters was a key experience for most Affiliators in feeling reassured about relinquishing their former role and establishing a new status within the adoptive kinship network:

> I wanted to meet 'em because I wanted to know what type of people would actually be looking after my children. (Graham)

He was pleased that the adopters wanted to meet him and that they heard and respected his wishes about keeping the children's first names (named after members of Graham's family). In a later meeting, Graham found it "amazing" that the adopters had decided to hyphenate the children's surnames to include the birth family name. Graham felt welcomed and included as part of the family:

> … they've got pictures of me in their house, up in the children's bedrooms … I couldn't ask for anything better … And y'know they said to me: 'It's like you're an extended part of our family' and that's the way they want to keep it. (Graham)

Graham was ready at a contact meeting to hear his children call the adopters "mum" and "dad". He is able to maintain an attachment to his children and be recognised as "dad" as well:

> It didn't bother me because I was prepared…
>
> *Do they [children] remember you?*
> Yeah. They're still calling me dad [pause]
> *Yeah*
> Y'know, and although they call [adopters] mum and dad-

Yes

They still called me dad as well. (Graham)

Paul's experience of meeting the adopters and subsequent face-to-face contacts is more ambivalent. Although liking the adopters and reassured about the children's welfare ("they're good parents") contacts are still tinged with loss and an awareness of the need to keep to the rules set out for contact. Paul imagines that the adopters, who are friendly, nonetheless "see us as failing people". However, the adopters value the children's identity and the birth parents continued significance and Paul would be "surprised" if his children do not seek him out as young adults.

For some Affiliators, their relationship with their children's foster carers prior to adoptive placement seems to have been a significant factor in preparing them for a new role. Graham and Scott formed strong relationships with their children's foster carers receiving affirmation and mentoring during the adoption crisis, which allowed them to build or maintain their attachments with the children whilst the birth fathers developed trust in the foster carers as day-to-day carers.

Y'know they were so such nice people … The foster carers were actually on my side, they were saying he's a good dad, he should have these children y'know and they even spoke up in court for me saying every time the children see him they're so excited; he's excited and he's great with 'em. (Graham)

I was loving it. I was sitting there holding him playing with him, feeding him … I was getting taught how to change and feed him and stuff like that. I felt I knew how to feed him, change him, talk with him. I … spent all the time with him. (Scott)

This facilitated later meetings with the children's adopters and face-to-face contact arrangements. The relationship with the foster carers seemed to enable Graham to reflect on the role of a visiting father, a role which he had already developed in relation to his son by his first relationship with whom he had continuing contact.

Although Scott has no direct post adoption contact with his child, he was unique

among participants in that he and the birth mother were involved in the selection of his child's adopters allowing him to incorporate into his new identity that he was a father who chose his child's parents, gave them his child and blessed the arrangement:

> … we met this other couple about three or four times … They took us out to lunch and stuff, we took them out. We got to know them really well and so we thought you know, they would be a good like candidate … so we chose to put their name forward. (Scott)

Keeping the child alive and present

Although Affiliators mention wondering what their children are experiencing when they are not there to witness it, they show far less preoccupation with the need to keep their sense of the child alive compared to the other types. Graham specifically linked having face-to-face contact with his being able to manage feelings of loss occasioned by the adoption. Affiliators do not report continual intrusive reminders of their children in the same way as some participants do and their recollections vary in valence rather than being predominantly painful.

Contact and birth father role formation

Affiliators, especially those with face-to-face contact with their child, did not appear to be so intensely concerned about the waiting time to possible "reunion". Their focus tended to be on the present moment or the immediate future when contact was anticipated.

Affiliators with face-to-face contact use it to reassure themselves about their child's welfare. Most Affiliators appear more content with contact arrangements than the other types and less concerned with maintaining them at all costs. This seemed to proceed from a desire not to try to hang on to their children but to be guided by their needs and wishes. For example:

> I will only carry on seeing the children now if the children want to see me.
> *Right.*
> If they turn round and say actually I don't need to see you any more or I don't want to see you any more then I will pull back … (Graham)

How Affiliators use therapy or adoption support

Affiliators are more likely to have made significant use of therapy in relation substance abuse or a mental health issues than in adoption counselling. Here, Shane, initially sceptical about counselling, admits its value to him:

> *So has the counselling you've had, has that helped you in a longer term rather than just dealing day to day?*
>
> Yeah I think so yeah because even after the court case I never went back to cocaine or anything. I mean, I had a couple of joints, but I haven't had a joint now for four months so to me I'm doing ok again you know and this is not for any other reason than I want to be a better dad to Roberta and Charlie [children in care]. It's not that I want to try and keep social services happy or trying to go for custody, this is for me and it's working you know ... (Shane)

Several Affiliators also made good use of adoption support including membership of birth parents' groups.

Summary and conclusions

Affiliators described varied early life histories ranging from secure to highly abusive although Affiliators had discovered some sources of resilience and security in adult life.

It seems that Affiliators do experience both shame and guilt in relation to their child's adoption and also have feelings of humiliated rage. However, Affiliators demonstrate a capacity largely absent from the other types to modulate these emotions. They seek to weigh the implications for themselves and their child before expressing anger. When their spontaneous anger seems to threaten relationships with others in the adoptive kinship network, Affiliators attempt relationship repair. Affiliators do experience continuing feelings of loss regarding their child but for most, their grief is relatively resolved compared to other participants.

Most Affiliators' partnerships with their child's birth mothers were no less troubled than those of the other participants. Some reported efforts to hold their fragile relationships together whilst compensating for their partner's childcare deficits, demonstrating commitment to their children. However, most Affiliators were less successful in promoting their children's welfare by building rapport with their partners. Those Affiliators in new partnerships stress the need for partnerships to be based on good mutual support and communication and appeared less likely to seek to remain in dysfunctional partnerships.

Affiliators were able to accept some level of responsibility for the adoption crisis. Significantly, most Affiliators although experiencing some humiliation during the adoption crisis believed themselves not to be the main focus of criticism by social workers and the courts. Each of them was able to refer to some factor exonerating them to from comprehensive humiliation. Even the most child centred of Affiliators, it seems, limit the charges against them to which they will confess.

A number of Affiliators cite "turning points" in their lives and engage in reform narratives. In this they are not unique. The same elements may be found in some Resigners. However, Affiliators' stories of reform tend to be more enduring, well evidenced and convincing. They feature periods of growth but also adversity and relapse. They may also be linked with the aspiration to become a father to inspire pride. Some Affiliators make the link between their road to reform and the move from isolation to acceptance and interdependence in relationships.

Affiliators cite examples of positive interactions between them and their children. However, these appear to be distinct from such citations from Vindicators and Resigners in that these interactions are not cited as part of "The Fight", but serve to reinforce these birthfathers' focus outward towards the child rather than inward towards the threatened self.

Affiliators appear to spend little energy in "maintaining the moral self." Although these fathers may have been brought up in a culture in which men typically

police infringements on their honour with aggression, Affiliators seem to have found ways of stepping back from responding to these assaults reciprocally.

Some Affiliators appeared to use their relationships with foster carers to prepare themselves for a changed father role in the period before adoption. These relationships appeared to help birth fathers maintain an attachment to their child and practice the role of visiting parent. Being closely involved in adoption planning, meetings with adopters and face-to-face contact were key factors for some Affiliators in discovering a new role for themselves in their children's lives. Some Affiliators were open to making use of therapy when convinced of its necessity to address some pressing issue such as substance abuse which affected their role in their child's life. Affiliators are able to empathise with their child, imagine their possible viewpoints and work to establish and repair relationships with other members of the adoptive kinship network with their child's needs in mind.

Affiliators have taken the initiative in relation to their child even though unsuccessful in preventing adoption. They are typified by a more pragmatic and adaptive approach than the other types. Although experiencing negative adoption related emotions such as shame, guilt, anger and loss, they seek to manage and modulate these emotions. Their guilt-based approach enables them to place less emphasis on past grievances and failures and to approach their future role for their child experimentally and openly.

Because they are trusted to meet adopters and most have face-to-face contact with their children, they receive more feedback and affirmation than other types and tend to develop a clearer sense of their role as visiting parents for their child as part of the child's adoptive kinship network.

Consequently, and paradoxically, they are less preoccupied with their child who has been adopted. They are more likely to be able to see their child as an important, though not dominant, part of their lives and to invest in other aspects of life including forming a new family.

Part 4: Discussion and conclusions

This Part comprises a presentation of a theory of birth fathers, a discussion of the findings and implications for practice.

In Chapter 11, I present and explore a theory of birth fathers' perspectives and experiences regarding their children's adoption. Section 1 presents the theory; Section 2 discusses some implications of the theory. Section 3 discusses other remaining theoretical issues.

In Chapter 12, Section 1 comprises a discussion of the study findings in relation to previous research. Section 2, sets out the implications of the study for professional practice with birth fathers.

Chapter 11: Theory of birth fathers' perspectives and experiences regarding their children's adoption

> *… the real hell is never to be able to rest from the labours of self-defence.*
> *Rowan Williams (2003 p48)*

Section 1: The theory stated

In this section I return to the original research question [52] and attempt to build a theory of birth father perspectives and experiences based on my findings. A grounded theory seeks to provide a believable, lifelike account of the most important phenomena found in the data linking causes, consequences and intervening factors. A useful theory creates understanding of "patterns and connections" (Charmaz, 2006 p126) and has practical application. It suggests

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[52] "What perspectives and experiences do birth fathers of children adopted from care have in relation to their child's adoption?"

Figure 12: Theory of birth fathers' perspectives and experiences

Diagram showing theory of birth fathers' perspectives and experiences regarding their children's adoption
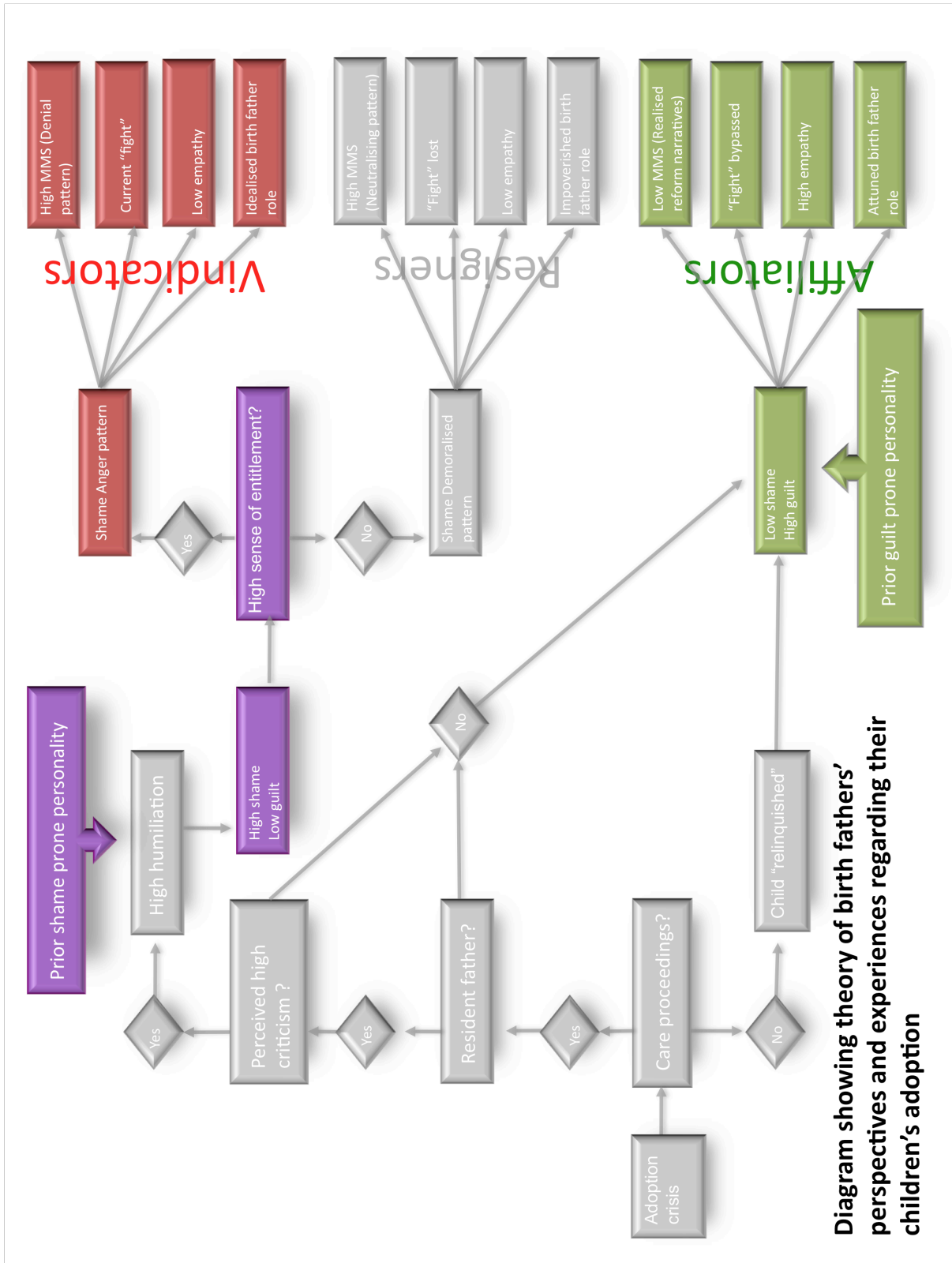
what is likely to happen given particular circumstances and attempts to explain why. Figure 12 sets out my proposed theory of birth fathers in diagrammatic form. Although this is a theory of how birth fathers think, feel and act, its context is the birth fathers' constructions of how other individuals and institutions think, feel and act towards them. It seeks to model the interactional patterns which are depicted in the data as the participants in the study encounter the adoption crisis.

The model represents, on the one hand, the participants bringing to the interaction a tendency towards either shame proneness or guilt proneness. Shame prone people tend to account for events which provoke self-censure as the result of their inherently unworthy self; guilt prone people tend to perceive them as wrong actions which may be corrected and do not affect their inherent self worth (Chapter 4, Section 3). On the other hand, I suggest that birth fathers encounter the adoption crisis differentially according to their particular circumstances (e.g. whether the participant was resident at the time of the adoption crisis).

This collision between birth fathers and the adoption crisis results in the differentiation of the three types described in detail in Chapters 7-10, namely Vindicators, Resigners and Affiliators. These types differ in their response to the adoption crisis across four main outcomes represented on the right hand side of Figure 12:

- How they seek to maintain the moral self i.e. regard themselves as worthwhile moral people;
- The significance of "The Fight" to save the child from adoption;
- The degree to which they are able to express empathy towards their child;
- What future role, if any, they are able to imagine in relation to their adopted child.

I theorise that birth fathers of relinquished children or those who did not perceive themselves to be heavily criticised in relation to the child during the

adoption crisis are likely to adopt a guilt-based approach to their child's adoption. These *Affiliators* are likely to show realised reform narratives and largely bypass ongoing conflicts with adoption agencies and adopters. They will be more likely to show empathy for their child and will be in the process of building a new distant father role attuned to the child's needs as well as their own. They will make relatively good recoveries from the adoption crisis.

Where a child is compulsorily adopted, the father was living with the family during the adoption crisis and the father felt heavily criticised, he will probably be shame prone, and experience the adoption crisis as highly humiliating. Depending upon whether he has an elevated sense of entitlement, he will take one of two positions. By "entitlement" here I refer to a heightened sense of self-importance and a readiness to blame others in social interactions combined with lack of emotional reflexivity. Those who feel a strong sense of entitlement (*Vindicators*) will tend to angrily deny responsibility for the adoption crisis. They will continue to blame, fight against and punish their accusers. They will display low empathy for their child. They will see themselves as the only true father to their child and wish to resume an exclusive role in their child's life, which will effectively deny them rich contact with their child and the adopters in the present. Their prognosis for recovery may be relatively poor. They will experience recurrent anger and depression and resist offers of adoption support and therapy.

Those with a low sense of entitlement, *Resigners*, will attempt to minimise their responsibility for the adoption crisis. They will continue to feel stigmatised and hide from public scrutiny. When challenged they will give accounts of a fight for their child lost heroically against a powerful opponent. They will be self-centred in their chronic unresolved loss and display little empathy for their child. Since they exercise little initiative, their possible future role in their child's life will be poorly developed. They may seek adoption support for practical tasks but will not press for therapy at a level which might address their poor mental health and unresolved grief. Their prognosis for recovery is poor unless assisted in therapy

to move away from shame-based thinking and re-engage with the task of initiating a future role in relation to their child.

Section 2: The theory explored

Relating grounded theory to received theories

This thesis draws extensively on social emotions theory. Explanation is required as to the use I have made of this rich source of research and theory. Grounded theory requires that concepts should be allowed to emerge from the data without the imposition of any preconceived theoretical framework.

Two observations are relevant. Firstly, my exploration of social emotions research and theory has been prompted by analysis of the data. It appeared to me following line by line coding, analysis and memoing in relation to the first interview script, that experiencing shame was somewhere near the heart of the birth father's experience. Continued analysis of subsequent scripts reinforced this intuition, prompting my pursuit of research and theory that might elucidate the phenomena I was witnessing.

Secondly, I have striven to maintain a level of "theoretical agnosticism" (Henwood and Pidgeon, 2003) as a defence against the danger of my findings becoming overdetermined by received theory, following Charmaz's advice (2006 p166):

> Consider treating extant concepts as problematic and then look for the extent to which their characteristics are lived and understood, not as given in textbooks.

Social emotions research and theory has sensitised me to possible interactive behavioural patterns in my data. By writing memos and constantly comparing codes I have tested theory against my emerging findings. Sometimes, I could identify similar processes in my data as in prior theory as in the Vindicator's cyclical accusation against his accusers as a defence of self. However, other patterns in the data seemed to diverge from existing research findings. For

example, shame prone people's use of anger for dramaturgical effect appears nowhere in the social emotions literature.

Affiliators provide another example of the imperfect fit between my data and prior theory. The Affiliators' distinctive feature in my theory is their guilt proneness, enabling them to express empathy, repair relationships and make pragmatic efforts to work with others for their child's benefit. However, social emotions theory suggests that guilt prone people normally escape the chronic emotional pain suffered by shame prone people. In fact, some Affiliators were not immune to painful continuing feelings of guilt *and* shame. A possible reason for Affiliators' continued guilt feelings is that unlike most day to day social setbacks, a child's adoption is an irrevocable event which may be ameliorated in its effects but can never be undone. Simple repair of relationships is not possible.

My method, therefore, has been to move iteratively between data, analysis and research and prior theory. However, the driver in the process has been what is emerging from the data.

The risk of shame prone social work practice

This study portrays not just the actions and intentions of birth fathers but participants' construction of the intentions and actions of social workers, their departments and the courts. I have already explained why I have not taken participants' self representations at face value. It would be even more dangerous to accept at face value their representations of the actions and intentions of their opponents. However, the study does capture interesting observations about social workers, their departments and the courts as interactional partners.

For example, some participants portray social workers as themselves in the grip of shame based interaction. Vindicators depict social workers backing away in fear and humiliation in response to intimidating angry outbursts. They show these same social workers behaving with the reciprocal aggression of a Vindicator by imposing punitive sanctions on the birth father.

Some social workers are constructed by participants as furtive and sheepish, avoiding the family, "lying" to them and hiding behind official processes. The prominence of allegations of lying in the data is of particular interest. The implication from some participants' viewpoint is that social workers do not face their own shame at the institutional violence they have been involved in when removing a child from their family, often betraying a previous implicit commitment to help the family as a whole. Thereafter, they find it difficult to face the birth parents honestly. Each subsequent interaction seems to the birth father like an evasion. It can be assumed that many social workers do at some level reproach themselves for removing children from their families (even if they can justify it professionally). It is easy to imagine how their withdrawal of intimacy, mutuality and spontaneity and flight into carefully worded official justification following the child's removal may be seen by a birth father as "lying". The social worker's alleged shame based retreat here resembles the escape into official procedures and rituals classically described in Menzies' (1960) study of nurses' flight from anxiety. This present study therefore raises the important question as to how *professionals* manage social emotion and the potentially destructive consequences of professional shame proneness in interactions with birth fathers, many of whom will also be shame prone.

Does birth father shame proneness lead to humiliation or vice versa?

The study data suggests that there is a strong correlation between shame proneness on the one hand and being a resident father in care proceedings who feels himself to be radically criticised regarding his child's welfare. This begs the question: what is the direction of effect? To put the question another way: has the *prior* shame proneness of Vindicators and Resigners led to their humiliation or did they become shame prone in response to humiliation?

Most participants in the study (see Chapter 6) had a number of significant psychosocial difficulties which predated the adoption crisis. The social emotions literature already cited supports a strong association between shame proneness and various personal and social issues likely to affect parenting (Tangney and

Dearing 2002). Shame prone people, moreover, are more likely to think of their own characteristics as fixed and resist change. So, fathers who are already shame prone may be more likely to attract criticism for child maltreatment, to be highly sensitised to that criticism and to fail to cooperate with social workers. This suggests that prior shame proneness may help explain both the targeting of social workers' criticism towards Vindicators and Resigners and the high level of humiliation of which these participants complain. Analysis of a number of individual interviews seems to illustrate this dynamic.

Conversely, there is some suggestion in the data that the treatment a birth father receives from social workers may affect their typology. For example, four cases concerned birth fathers who were not heavily criticised for child maltreatment but for various reasons were thought unsuitable as a lone parent. Two were given face-to-face contact and went on to be Affiliators. Their sense of loss regarding their child was diminishing over time. They had formed relationships with the adopters and were progressively establishing a new recalibrated father role. The two denied face-to-face contact became Resigners. They did not meet the adopters, continued to feel significant unresolved grief and lacked any sense of a role in their children's lives. Other possible intervening factors cannot be excluded in these cases and it would be unsafe to conclude a direct link between social work actions and birth father type. However, these cases raise the question as to what effect social work actions towards a birth father has on his social emotional type.

Although the study data does not allow a firm conclusion on this issue, it seems likely that the direction of effect may go both ways. Prior shame proneness may lead to humiliation and humiliation could affect a birth father's type. This accords with the findings of Neil (2007) in her study of birth relatives' differential adjustment to adoption loss.

If being shame prone prior to the adoption crisis comprises a risk factor for birth fathers in terms of the chances of experiencing radical criticism and humiliation, then prior guilt proneness may well be a protective factor. However, the next

section discusses whether, once a birth father is radically criticised and humiliated, it is be possible for him to survive as an Affiliator.

Why radically humiliated birth fathers are Vindicators or Resigners: a possible explanation

As I have suggested in Chapter 10, only those birth fathers who did not feel themselves to be radically blamed and humiliated were identified as Affiliators. Those that feel so blamed are members of shame-based groups: i.e. Vindicators or Resigners.

Research by Gilbert (2007) may help to explain why. Gilbert and McGuire (1998 cited by Gilbert 2007 p293) proposed two alternative strategies for "gaining and maintaining rank-status in social roles" which are "aggression" or "attractiveness". In the latter, the birth father would be seeking to be valued by showing "competence" and being "affiliative" with a view to "inspire, attract others" and "stimulate positive affect". Affiliators, having avoided social workers' condemnation may hope that by cooperating with social workers they might still have some influence in their child's future.

Those Vindicators and Resigners who have felt comprehensively humiliated, however, will have already concluded that they stood no chance of attracting social workers' trust. An alternative unconscious strategy suggested by Gilbert and McGuire is "aggression" in which the birth father would be seeking at least "to be reckoned with" by being "threatening" in order to "inhibit others" or "stimulate fear". This seems to be the course of action adopted by Vindicators.

The other method of dealing with powerful hostile others is the "inhibition of aggression" when confronted by "powerful-hostile individuals" which is "a powerful defensive strategy seen in a variety of species" (Gilbert, 2007 p297). Shame is "highly associated with tendencies for submissive behaviour" (Gilbert, 2000). Shame also "subordinates inhibiting anger expression to more powerful others" (Gilbert 2007, p297 citing Allan and Gilbert, 2002 p561). This perhaps

corresponds with the course of action taken by Resigners who abandon the possibility of gaining rank status in the social role of birth father to escape and survive radical humiliation and defeat.

The findings of my study therefore raise the question as to whether it is possible for a birth father who feels he receives the full focus of blame and humiliation in care proceedings to become an Affiliator. Put another way, is the social emotional strategy adopted by birth fathers *determined* by the degree of criticism and humiliation he feels during the adoption crisis?

Did participants' early histories determine shame or guilt proneness?

The question arises as to whether early significant experiences of adversity predisposed participants to later shame proneness. Since the data in the study concerning the quality of participants' early life experience is incomplete it is not possible to draw conclusions on this issue. However, even within the incomplete data there are two cases in which apparent early adversity does not correlate with shame proneness. Two Affiliators described highly abusive childhoods in which they developed early pseudo-mature functioning and aggressive relationship patterns. Both reported later positive relationships which may have mediated their early trauma. In Chapter 4, Section 3 I reviewed findings from social emotions research demonstrating that people experiencing adverse early parenting are more likely to be shame prone.

Whilst the detrimental effects of early adversity are well known, researchers have long been aware that there are complex sources of resilience which appear to protect some individuals from detrimental psychosocial outcomes (Rutter, 2000). One such source of resilience is the development of "reflective functioning" (e.g. Fonagy and Target 1997 p679-80) in which an individual's ability to "'read people's minds" allows him to ascribe coherence to social relationships enabling emotions to be contained and the configuration of an efficacious self. Rutter (1985 p608) suggests that it is not so much what unfavorable things happen to people that forms their later character as whether

they value themselves and take action in their lives. So, even if full data were available in this study concerning participants' early histories it is likely that the conclusion would be that although early adversity may predispose to shame proneness, other factors such as significant later relationships, reflective ability and a sense of initiative will be protective for some people.

Do all cases fit the typology?

The development of typologies and theories in social research depends upon the accuracy and precision of the categories we devise to contain and describe social phenomena. It is inevitable that some data and some participants fall towards the edge of proposed categories. As Minh-ha (1989) has noted:

> Despite our desperate, eternal attempt to separate, contain, and mend, categories always leak.

In relation to my threefold typology for birthfathers, I needed to account for cases which raised questions about the suggested typology. I refer to them briefly here. Firstly, I categorised one participant as an Affiliator although he did not apparently conform to at least one of the key features of that category: enhanced capacity for empathy. This participant explained to me that the primary reason why he had lost his child to adoption was that he has Asperger's Syndrome. The implication of this is that his capacity for experiencing empathy is low (Baron-Cohen, 2011). However, in his account of his children's move to their adoptive placement and his face-to-face contacts with the adopters and his children, he demonstrated an understanding (which may be largely moral and cognitive rather than emotional) of their emotional needs and the kind of care which they are receiving from the adopters. He was empathetic to the degree that he appreciated his children's need for emotionally attuned care and saw that he had some part to play in this. He acted positively in relation to this insight even though he lacked that skill himself. This seemed to me to be related to empathy if not identical with it and to justify his inclusion as an Affiliator.

Secondly, I grouped two participants with some Affiliator characteristics with the Resigners. One who was well attuned to his child's needs during the

transitional foster care phase became depressed, passive and preoccupied after being denied his wish to become sole carer or have face-to-face contact after adoption. Another was developing what may prove to be a credible reform narrative and an intermittent desire to work cooperatively with adopters for his child's welfare but still remains highly vulnerable and self focused. I categorised these participants on the basis of their current state rather than future potential or past functioning.

Can birth fathers move types?

This raises the question as to participants' potential to migrate from one type to another or move within types. It was hard to detect any signs of movement within the Vindicators group. They appeared to be vigilant and rigid upholders of the view that others were entirely to blame for their difficulties. This constituted a formidable obstacle to change, which was difficult to dismantle from the inside and hard to approach from the outside. Change would seem to require the Vindicator's abandonment of hubristic pride and elaborately constructed fight narratives whilst exposing him to an influx of painful emotion banished by his previous strategy.

Given Vindicators' resistance to therapy, the main possible route to change in the direction of Affiliators might be through achieving more security over time in intimate relationships allowing a gradual revision and dismantling of existing ways of protecting the self from shame. Indeed, Scheff (2010)[53] suggested that having an investment in an intimate relationship may be an important protective factor in the lives of men at the extreme end of shame/ anger patterns. Such a relationship may protect Vindicators from enacting self-harm, retribution or unplanned intervention in the lives of their child and the adoptive family.

Some Resigners appear to have potential to migrate to an Affiliator's position which they have been unable to realise for various reasons. They may have lacked the opportunity to work through adoption related issues at sufficient

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[53] A non-peer reviewed article appearing on the author's website.

depth. They may remain within a partnership in which both partners are resigned and unable to support each other to change. However, Resigners seem to have fewer principled objections to engagement and change than Vindicators. Indeed, it might be argued that their feelings of depression, unresolved loss and defeat constitute a more realistic starting point. They do not just feel defeated and grief stricken, they have suffered defeat and bereavement. However, their lack of initiative, their propensity to hide themselves away and their sensitivity to repeated rejection mean that they are unlikely to press for a service and therefore, require some external initiative to help them to mobilise.

Applying the theory to other scenarios

The theory set out above and articulated in relation to birth fathers, social services and the courts may have potential to be developed as "formal theory" (Glaser, 2007). This theory could be applied to other situations involving a duty by the state to exercise socio-legal control over vulnerable groups of citizens who may experience these attentions as humiliating. Examples of such vulnerable groups might include-

- Birth mothers of children placed for adoption;
- Birth parents of children in care;
- Parents of children subject to child protection procedures;
- Users of mental health services; and
- Offenders

The theory may be helpful not just in elucidating the actions of service users who may feel humiliated but also the social emotional style of professional practice.

Section 3: Other theoretical issues

Evaluating birth father accounts of humiliation: Issues of representation

As already discussed in Chapter 5, there are several reasons why interview transcripts cannot safely be read as straightforward factual accounts of social experiences. How, then, are birth fathers' numerous and prominent accounts of

humiliating treatment at the hands of social workers and the courts to be read? As already noted, no other triangulating source of data is available in this study to test these narratives as factual accounts.

Birth father portrayals of social workers

The analysis shared in the findings chapters suggests strongly that most birth fathers are deeply involved in a process of self explanation and justification which I have named "maintaining the moral self". For many, "The Fight" seems to be the organising concept in this process of self-presentation. In that context, extreme allegations of humiliation by social workers may be understood as what Goffman (1990) called "atrocity stories". Their purpose is to enlist the hearer on the narrator's side in the war with the heartless social workers and their oppressive departments. However, feelings of humiliation in these participants do not establish the existence of demeaning, malicious behaviour by social workers.

Examining the birth fathers "complaints" for internal consistency produced inconclusive results. Some complaints have a certain cogence, specificity and particularity whilst others appear generalised and vague or allow the listener to reach alternative views of social worker motivation. A further significant factor is the finding that many birth fathers who describe humiliating treatment from social workers have had adverse previous experiences which may have predisposed them to shame proneness and sensitised them particularly to situations in which they perceive humiliation. Most of the participants in this study are, it seems, extremely sensitive to criticism. Yet many of these parents have had to endure an assessment and legal process which is characterised by constant and intense professional critical scrutiny which would be demanding for the most emotionally secure parent however empathetic the professionals.

It is quite possible, therefore, that some social workers perpetrate humiliating practices in relation to birth fathers and that others remain attuned and engaged with birth parents even whilst removing their children. But in the light of the earlier discussion regarding the ways in which social workers are portrayed as

managing social emotion, it is perhaps more likely that social workers distance themselves from birth parents following the child's removal. Their subsequent focus upon legally based procedures may then be construed by birth fathers as evidence of disloyalty and persecutory intent.

Birth father constructions of the adoption " system"

Perhaps participants' representations of the humiliating effects of the adoption "system" can more readily be grounded in the shared social world.

Participants often demonstrated intimate knowledge of the workings of the social care system as it has applied to them to which they would otherwise have had no access. These included well known social care organisational, management and legal procedures such as reviews, child protection conferences, assessments, management accountabilities, court procedures and so on. As mentioned in Chapter 7, their accounts of systematic disadvantage and humiliation are supported by descriptions of routine processes and outcomes from guidance and regulation and social work practice accepted and familiar to professionals. However, experienced from an outsider perspective, these mechanisms take on an oppressive and dystopian mien. It is possible that the feelings occasioned by the systematic disadvantage participants experienced could most easily be directed to the human face of the system: the child's social worker.

The importance to birth fathers of empathetic treatment

What does seem to be abundantly clear is that, whether or not social workers and others intended to demean birth fathers and act maliciously, many birth fathers felt humiliated. In short, it is hard to evaluate most participants' criticisms as a representation of individual social work practice. Many birth father narratives do provide, however, a disturbing outsider perspective on the systems supporting the adoption process which cannot be easily dismissed as the result of birth father ultra-sensitivity to criticism. But it is beyond doubt that,

from a participant's perspective, being treated fairly, consistently and empathetically is of immense importance.

The social context of birth fathers' social emotional patterns

Research is always carried out in a social context which must influence the choice of topic and the questions which are believed to be important to ask about the topic. Child maltreatment has a high profile as a social problem and in this context, contemporary birth fathers are a stigmatised group who are seen as a constituting a "social problem".

Loseke's (2008) work addresses the way in which participants who are perceived as constituting a social problem negotiate with their research interviewers to accept, deny or mitigate their perceived status. A number of recent social work studies seek to redeem the problematic group studied by emphasising the ways in which they do not conform to society's stereotypes and pointing out ways in which the group is victimised or marginalised by society.

The often unspoken aim of many such research studies seems to be to counteract or modify the "social problem" designation. The tendency in such studies may be to emphasise the "victimhood" of the subject group. This study has attempted to give more emphasis to the *interaction* between the powerful official group and the participants in which I have been concerned not so much to redeem birth fathers' social reputation by establishing their victimhood as to see them as "people like us" who are called upon to negotiate and manage complex social processes and do so in a number of different ways.

However, in the literature and the findings, birth fathers continue to be presented as a stigmatised group which is relatively poorly provided for. Although "children in need" services are somewhat more "father friendly", services which are sensitive to birth fathers' needs during child protection investigations and care proceedings are unusual (Page et al. 2008). Guidance already in place but rarely implemented, such as the provision for adoption support to commence as soon as it is clear that local authorities are considering

adoption could potentially deflect some birth fathers from shame based responses to the adoption crisis before problematic patterns become established (Neil et al. 2010).

The birth fathers' social emotions, notably shame and guilt, arise in social situations and this thesis has attempted to elucidate not just the nature of these emotions but the particular interactions, circumstances, policies, laws, organisational arrangements, power differentials and professional cultures that give rise to them. As the literature review has demonstrated, adoption is a concept whose purpose, scope, legal underpinning and practice has evolved over many years and continues to evolve. As Leon (2002) has argued, adoption is a socially constructed phenomenon. There is, therefore, nothing inevitable about courts' and social workers' practice in relation to birth fathers. These social and legal arrangements may be maintained or reformed. In the final chapter I suggest possible areas for reform.

Conclusion

This chapter has presented a theory of the experiences and perspectives of birth fathers whose children have been placed for adoption and explored some of the ramifications of this theory.

Chapter 12: Discussion of study findings in relation to previous research and implications for practice

Annina: Monsieur Rick, what kind of man is Captain Renault?

Rick: Oh, he's just like any other man, only more so.

Julius J Epstein (1942)- script from 'Casablanca'

This final chapter relates the study findings to prior research, noting areas of agreement, divergence and innovation. The thesis concludes with the implications of the findings for social work practice.

Section 1: Comparison of findings with previous theory and research

Shame and guilt as pivotal emotions for birth fathers

Participants' shame and guilt are emotions mentioned and sometimes given prominence in most of the previous studies of birth mothers, birth parents and birth fathers (see Chapter 3). These emotions are not usually clearly distinguished from each other and are often bundled with other adoption related emotions including anger, loss and sadness. However, social emotions research findings over several decades (see Chapter 4, Section 3) suggest that shame may play a leading role in situations in which a person experiences self reproach as a result of a rift in social relationships. In such situations, shame has been nominated as a "master emotion" (Scheff 2003 p244).

The descriptive findings set out in Chapter 6 present a picture of most participants as having experienced at least some of the adverse circumstances which are often associated in the literature with shame proneness, the tendency to account for events involving self-censure by reference to the unworthy self (Tangney and Dearing 2002). These include unfavourable, even abusive, upbringings; serious episodes of being bullied; having mental health and substance abuse problems and a history of troubled intimate relationships.

Chapters 8-10 go on to show the importance of shame and guilt as emotions informing participants' life strategies.

My study is the first to attempt to distinguish clearly between shame based responses (by Vindicators and Resigners) and guilt based responses (by Affiliators) in relation to birth parents. I conclude that the distinction between these emotions plays a pivotal role in orchestrating participants' emotional and social lives. What is novel in this study's findings is the suggestion that birth fathers' social emotional style (whether they are shame prone or guilt prone) may govern not just the ways in which they express other emotions but the extent to which they feel other emotions. Social emotional style also appears to govern behaviour: the ability to accept help; the ability to focus on the needs of others; the capacity to follow through reform narratives; and the ability to take the initiative and act cooperatively with others in the adoptive kinship network. Thus, understanding birth fathers' social emotional style has important practical implications for professional relationships with birth fathers at every stage from providing family assistance to post adoption services.

Birth fathers and combating stigma

The literature (Chapter 4 Section 2) suggests that many birth fathers are likely to carry multiple stigmas, i.e. there are a number of reasons that they may be regarded as socially reprehensible if they are discovered. Not only have they lost a child to adoption, but they may have a mental health problem or substance abuse issues or some other focus for social disgrace. Although being stigmatised does not necessarily result in individuals experiencing shame and social ostracism, this is likely in situations which the individual himself assesses as threatening such as the adoption crisis. The literature emphasises, though, that suffering stigmatisation is not just a matter of injured feelings. In some circumstances, where a person's stigma is apparent they may suffer very real social disadvantages. For example, stigmatisation may play a part in some birth fathers' disadvantage in relation to service provision. It appears that birth fathers attempt to manage stigma in several ways.

Firstly, participants attempt to pass as "normal". The data shows several participants attempting to avoid adoption stigma by hiding their child's adoption from others. Secondly, most participants sought to contest stigmatisation by investing heavily in constructing themselves as basically good people. Thirdly, moral justification and emotion work in tandem for some Vindicators to form and maintain the birth fathers' defence of self, constructed as essentially good. For example, the concept of "The Fight" justifies expressions of humiliated rage. Outbursts of rage serve to bolster the process of moral justification and issue a direct challenge to those perceived to be stigmatisers. Fourthly, some Affiliators' use close relationships to begin to detoxify adoption stigma. The study's findings support the proposition found in the literature that there are benefits for stigmatised people in disclosing concealed stigma when acceptance is guaranteed.

Enriching and explaining an existing typology

My proposed typology of birthfathers, although independently generated, closely resembles that of Neil (2007) who distinguished birth relatives who were able to accept the child's adoption, those who were depressed or resigned, and those who were angry and resistant.

There are only minor differences between the findings of the two studies. In Neil's study most birth relatives who were able to accept the adoption were grandparents; this study shows that there are some birth fathers (although a minority) who are also able to adjust to the idea of their child's adoption. A possible similarity between the grandparents in Neil's study and the Affiliators in this study in that neither group has been subject to radical criticism in relation to the child's care.

My study develops the Neil's findings that those birth relatives who escape radical blame for the adoption crisis are often in a position to adopt a more constructive attitude to the outcome. In both studies many birth parents were

found to have a sense of low self worth which I seek to account for in relation to a social emotions framework.

This current study has involved close analysis of a small number of interview transcriptions. This has allowed me to advance the typology further beyond description. A more detailed and theoretical understanding of the interrelationships of participants' feeling and motivation has been attempted than was possible in Neil's more wide ranging mixed methods research. This study was also able to focus solely on birth fathers who comprised only 13% of Neil's sample. Although the current study does not include birth relatives other than birth fathers, to the extent that the samples have many similar features, Neil's findings strengthen and extend the reach of this study and vice versa.

The impact of adoption on the lives of birth fathers

The findings of this study tend to confirm the findings of studies (notably Clapton 2003) indicating the profound and long lasting effect on most birth fathers of the loss of their child to adoption.

Most participants in this study, like those in previous birth father and birth parent studies continue to feel that, in some sense, they are still a parent to their child. As in some previous studies of birth fathers, some fathers in the current study displayed emotional flexibility and a concern to focus on ways in which they could assist their child in future. My findings confirm those of previous studies suggesting that, far from being indifferent, birth fathers are usually deeply concerned about the adoption crisis and the loss of their child.

This study differentiates with more clarity than previous studies the contrasting ways in which the three "types" of birth father seek to contain and express the resultant emotion and the practical and emotional implications of each of those ways for birth fathers and their children. This typology supports the view already articulated by Leon (2002) that "adoption loss" should not be conceptualised as an intrinsic or inevitable experience with predetermined strength and valence. Instead this study suggests that the emotional sequelae of

adoption are the consequence of an interactional process in which the social emotional style of the birth father and the nature of the social work intervention are major factors.

Birth fathers mental health issues and accessing help

As was surmised in the literature review concerning grief complications, many participants did indeed appear to display signs of ambiguous loss and disenfranchisement. This study suggests however, that the impact of these complications was far greater for shame prone than for guilt prone fathers. Analysis also portrays these guilt prone fathers (Affiliators) as tending to take an active and involved approach to dealing with the loss of their child to adoption reminiscent of Stroebe and Schut's (1999) model of a typically instrumental "masculine" approach to grief work. They were more likely to have been involved in adoption planning, meeting adopters and to be monitoring the placement outcome by means of face-to-face contact allowing themselves little time to dwell on the emotional implications of their loss.

My findings support those of previous studies regarding the gendered nature of the mental health outcomes for marginalised men (Chapter 4 Section 5). Most participants in this study admitted appreciable mental and emotional distress during and after the adoption crisis but only a few had accessed professional help. Some appeared to express their distress through their behaviour: a number were unable to work; others abused substances, had self harmed or considered doing so. A few made extensive use of adoption support services. Others may have accessed practical advice. Most had used neither. This pattern in the data of participants having difficulty acknowledging emotional distress and seeking help accords with the established literature regarding the highly gendered ways in which men and women tend to deal with personal crisis and distress (Chapter 5, Section 5).

As with Neil et al.'s (2010) sample of birth parents, participants in this study tended to have experienced mental health and a range of other psychosocial difficulties before the adoption crisis following which their mental health had

further deteriorated. The prominence in this study of birth fathers' experience of humiliation in the adoption crisis may also help explain Neil et al.'s finding of comparatively high levels of "paranoid ideation" in birth parents who had lost children to adoption.

Birth fathers and adoption support

Neil et al.'s recent study (2010 p209) suggests that the impact of adoption is likely to be just as great on birth fathers as on birth mothers. Support for birth parents should balance attending to birth parent emotions and the change agenda forced upon them by the adoption crisis (p212).

However, the literature suggests that birth fathers may have particular needs in terms of adoption support and that "offers of practical advice and support will be more readily heard than offers of emotional support" (Clapton, 2007 p69) since marginalised men may be less comfortable in seeking help or talking about feelings than women (O'Brien, 2004). Where there are clear emotional issues, birth fathers may respond better to focused cognitive approaches rather than open-ended therapies (Scourfield, 2006). However, birth fathers were "less likely to be referred for support and less likely to take up support" (Neil et al., 2010 p209).

The findings of this study highlight the following points in relation to adoption support. Firstly, that the participants show particular sensitivity to the possibility of being further shamed and denigrated in their relationships with professionals. It appears that the respect, recognition and acceptance accorded them by adoption support workers is a necessary requirement for a successful service. Only one birth father mentioned a preference for a male worker suggesting that for most participants, the gender of the adoption support worker is far less important than their personal qualities.

My findings suggest that Vindicators radically distrust adoption support services, regarding even independent agencies and their workers as complicit in the

practice of compulsory adoption. In contacts with adoption support teams (for example, regarding letterbox contact) they seem to focus upon rekindling previous conflicts.

Some Resigners made limited use of adoption support services, in the most part, for practical advice (for example, with letter writing). A few Resigners had joined a birth father or birth parent group. However, it appears that shame inhibits those Resigners in touch with an adoption support worker or birth father group from sharing the full extent of their depression and emotional paralysis. This is consistent with the apparently discordant findings by Neil et al. (2010 p215) that although "service user satisfaction [with adoption support services] in general was very high", birth fathers' mental wellbeing showed very little improvement over time (p209). In the current study, most Resigners interviewed were, given interviewer persistence, curiosity and space, prepared to share, often at length, an altogether more pessimistic vision of themselves than that which they had apparently shared with adoption support workers and peer groups.

This suggested that interaction of Resigners with adoption support workers around practical issues may provide an essential bridge for birth fathers to discuss personal issues in more depth but that adoption support workers need to be more proactive and persistent if they are to address deeper issues for Resigners which may be blocking their progress. In order for Resigners to be able to make progress, the "emotional support" offered by adoption support workers needs to build upon the more readily acceptable practical assistance. It will need to go far beyond everyday care and sensitivity to seek to engage birth fathers purposefully through in-depth discussions. Echoing the call for flexibility in adoption support provision in the literature, in-depth discussions should be offered to Resigners without necessarily resorting to the typical machinery of counselling involving contracted series of face-to-face planned and timed meetings in neutral meeting rooms by appointment only. Counselling could be re-connoted as "talking things through"[54]. It could take place in person or by

[54] Thanks to Gill Kelly of After Adoption who suggested this reformulating of the notion of counselling for birth parents.

telephone and include texts and emails or in the course of car journeys or other activities such as walking around a park[55].

Some Affiliators in this study described using adoption support services as a resource for change. Two Affiliators credit in-depth discussions with adoption support workers involving both emotional work and planning for action as helping them to mobilise themselves to play a part in their adopted child's future life and rebuild their own. Analysis suggests that Affiliators tend to make good use of adoption support as a springboard to address deeper feelings including issues of shame and loss.

The conditions for birth father generativity

The study provides some new insights into the challenges contemporary birth fathers face when considering their possible future role in the lives of their children. The profile of study participants (Chapter 6) resembled that of other marginal fathers reviewed in the literature (Chapter 4 Section 4) in that in spite of social adversity and the lack of a secure partner relationship, many appeared to ambivalently desire fatherhood.

The theory presented in Chapter 11 suggests why most participants (Resigners and Vindicators) find it very difficult to conceptualise a new role. Affiliators are more able to find ways to act "generatively" towards their children without necessarily having to undergo a long process of maturation (as in Cicchini's 1993 study) in order to do so. The findings suggest certain conditions which need to be met in order for birth fathers to be able to realise a generative approach to their child and find a new role. These include: possessing a guilt based social emotional style; experiencing a secure early upbringing or significant later experiences enabling a degree of earned security; being able to set aside the requirements of some masculinities for reciprocal justice; and being trusted by adoption agencies to meet adopters and enjoy a degree of communicative openness in contact arrangements.

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[55] A practice used by Ian Orr Campbell of Adoption Plus. See also Neil et al (2010) where other examples of flexible emotional support are described.

Birth fathers and contact

As in Neil et al.'s (2010 p93-94) study, those participants who were able to meet their child's adopters generally found the experience helpful and reassuring. The incidence of birth father/ adopter meetings in my study was a little lower than in Neil et al.'s study (35% of participants in this study met their child's adopters compared to 39% of fathers and 53% of mothers in Neil et al.'s study). The two studies were similar in that in both, only a few birth parents were opposed to the idea of meeting the adopters and the remainder had not been offered the opportunity. In both studies, meeting their child's adopters was associated with birth fathers' being more accepting of the adoption, feeling relief about the future welfare of the child and being reassured regarding the intentions of the adopters to nurture a positive image of child's birth heritage. In my study, the three participants who had ongoing face-to-face contact had all met the adopters previously.

Although "the vast majority" of birth parents in Neil et al. (2010 p96) had a plan for letterbox contact, only 60% of the birth father participants in the current study were in touch through letterbox. Several others were either hoping that a plan would be implemented or were in dispute with the adoption agency or the adopters about a plan not being fulfilled as promised. On the one hand this suggests that, as in the "Contact after adoption" study (Young and Neil, 2004), birth fathers are less likely than mothers to be involved in letterbox arrangements. On the other hand, only 30% of birth fathers in Young and Neil's study were involved in letterbox contact perhaps reflecting the more engaged quality of the sample in the current study.

With a few exceptions, the participants in this research who had letterbox contact tended to stress its difficulties and frustrations. Simply writing was hard for some and judging what to write was hard for many. Feedback and mutuality of communication was difficult to create and maintain. Participants found it difficult to effectively monitor the child's progress. Some mentioned that the very emotions that he wanted to express were unacceptable. Some had received

adoption support to help them write letters though many had not. These findings are consistent with those of Young and Neil (2004 p103) who found that birth parents of compulsorily adopted children often found "indirect contact" particularly hard. They stressed that birth parents needed to be able to call on advice and support from an adoption support worker for the arrangement to be successful.

My study portrays a significant qualitative gulf between those participants who enjoyed rich contact and communicative openness with their child's adopters and those who did not. The quality of contact arrangements appear to amplify the trajectories of the birth father types, strongly influencing the possibility of participants identifying a future role for themselves in their child's life. For Resigners, for example, lack of rich contact intensified their shame/ withdrawal behaviour pattern complicating grief, undermining self efficacy, initiative and increasing worry about the nature of any future meeting with their child. For most Affiliators (most of whom happen to enjoy face-to-face contact) contact arrangements appeared to strengthen their Affiliator characteristics: grief was decreased; the birth father felt more included in the adoptive kinship network; worries about future "reunion" receded. Thus, contact may be seen as part of a "transactional dynamic" within the adoptive kinship network (Neil and Howe, 2004 p227) in which the birth father' attempts to form a coherent role may be supported or undermined by contact arrangements.

This study contributes modestly to the question as to how a birth father's type correlates with the amount and quality of his contact. Were those birth fathers enjoying more generous contact arrangements being rewarded for their cooperation with social workers or, did they become more cooperative and accepting of the adoption as a result of generous contact? In most cases, it appeared that Affiliators were granted higher levels of contact because of their cooperative characteristics rather than being transformed into Affiliators by generous contact arrangements. In the case of some Resigners who were near the borderline with Affiliators, however, my analysis suggested that the provision of face-to-face contact may have enabled them to migrate to the

Affiliators group. This lends some support to Neil's (2007) conclusion that the extension of richer contact opportunities including face-to-face contact to birth relatives was likely to affect positively the degree to which the birth relative could support the adoptive placement thus benefitting the child.

Birth fathers and the adoption life course

Regarding emotional distance regulation over the life course, the literature suggests a mismatch between what birth parents expect regarding levels of interest, curiosity and willingness to meet at different points in the adoption life cycle and the wishes of adopted people and adopters (Chapter 1, Section 2). Once again, the present study shows Affiliators who are in face-to-face contact and enjoy a working relationship with adopters as well placed to balance and manage these changes. Indeed, the data shows them doing so.

Other participants without rich contact with adopters and the child were poorly placed to pick up cues as to the wishes of others in the adoptive kinship network. Many showed basic ignorance regarding possible routes back towards richer contact and meeting. In broad agreement with previous findings regarding the paucity of male birth relatives making use of existing official routes to search for their child (Haskey, 2001), few participants had heard of the Adoption Contact Register, or the provisions for assessment for adoption support and mediation available to them under the Adoption and Children Act 2002. Few had any knowledge of the research into search and "reunion" (Howe and Feast, 2000, Trinder et al., 2004), which would have given them guidance as to adopted people's likely wishes, feelings and intentions. Many hung on to the expectation that if the adopted person would seek them out it would be when they had attained the age of 18. Vindicators and Resigners were still "stuck in the same emotional space they were thrust into in the aftermath of the adoption" (Neil et al., 2010 p214) making probable an awkward and painful mismatch of desires and expectations if and when such meetings take place.

The legal inequality of birth fathers

The literature describes a situation in which an increasing proportion of unmarried fathers in the general population exercise parental responsibility for their children (Bainham, 2009). However, the care proceedings literature (notably, Masson et al., 2008) suggests that a minority of fathers in care proceedings have parental responsibility. In care proceedings, birth fathers without parental responsibility still face hurdles to be recognised as legal parents that do not apply to birth mothers who have parental responsibility by virtue of giving birth to the child. In spite of revision of the Children Act 1989 in 2005 which increased the incidence of parental responsibility in unmarried fathers, birth fathers who often face multiple social and emotional challenges and are predominantly non-resident are likely to be disproportionately excluded from parental responsibility for their children. The 40% of participants in my study who lacked parental responsibility at the outset were excluded from full participation in legal process at the key moment in the decision-making regarding their child's future. Even those later granted parental responsibility by the court (following a test of their commitment which mothers do not have to undergo) tended to find that the court process was already largely determined.

My study highlights a clear inequality which exists between birth mothers and birth fathers in respect of parental responsibility which goes beyond irreducible biological distinctions. The findings suggest that some participants have suffered actual disadvantage as a result of this inequality.

Adversarial family law and the effects of birth fathers' fight for justice

My findings support previous literature (see Chapter 2 Section 1; Chapter 3 Section 3) which shows that regardless of the intent of those managing the court system, birth parents find care proceedings highly adversarial. The process is an "alien and lonely" one for them (Pearce et al., 2011 p161). They feel themselves to be without an effective voice and without support in an atmosphere of hostility and criticism. Hence the preponderance of data in the current study indicating humiliation and entrapment.

My findings illuminate a significant birth father dilemma in relation to contested care proceedings. Many participants said that they wanted an all out fight to the finish to protect their child from adoption. This seems to parallel the findings of Pearce et al. (2011) that some solicitors representing birthparents willingly followed their instructions to take the legal fight as far as it would go believing that birth parents have both a right to and a need for their "day in court". However, most participants also indicated that fighting care proceedings was an excruciatingly painful and humiliating process, which caused many of them lasting harm. My conclusion is that it is shame prone birth fathers' commitment to "The Fight" that drives them to seek a contest.

My study therefore calls into question a naïve "fathers' rights" perspective in relation to what is in birth fathers' best interests. I question the assumption that birth parents *need* to have their "day in court". This study suggests that adversarial proceedings intensify shame prone responses for most birth fathers, which lead to their withdrawal from involvement or their distraction from their child's welfare in favour of entanglement in reciprocal conflict. On the evidence of this study, birth fathers need to escape the worst effects of humiliation if they are to avoid serious personal psychological harm and be able to focus on their children's future needs.

This study's findings add support to those who seek to reduce the conflictual nature of care proceedings. Disputes should be resolved, if possible, away from a formal court arena in ways which minimise participants' humiliation. There are a number of initiatives many of which are under consideration by the Family Justice Review (MOJ, 2011) with these ends in mind. It is beyond the scope of this thesis to explore these in detail. The models of alternative approaches to managing child protection concerns (either prior to or in parallel with court proceedings) include family group conferences (Browe-Olson, 2009), mediation (Firestone, 2009, Giovannucci and Largent, 2009), and Family Drug and Alcohol Courts (Harwin et al., 2011).

Birth fathers and systemic disadvantage in service provision

In addition to legal inequality, the literature suggests that birth fathers suffer systemic disadvantages in relation to child protection services and adoption agencies when compared to birth mothers (Chapter 2 Section 3). Non-resident fathers who are out of touch may not have been identified and contacted. The engagement of fathers in child protection practice is not given priority. Although a few birth fathers are a source of threat to children, partners and social workers, birth fathers as a whole are constructed mainly negatively: "men as threat, as no use, as irrelevant and as absent" (Scourfield, 2006 p443). These negative stereotypes hinder engagement, realistic assessment and obstruct interventions which could help these fathers to review their identity as men and fathers (Brown et al., 2009). Resident birth fathers particularly are likely to experience social services as a powerful source of authority focused primarily upon their child's safety rather than upon them as individual service users.

These themes are all present to some extent in the current study. My sample included only two non-resident fathers who were out of touch with the child at the beginning of the adoption crisis although they reported obstacles to their inclusion in adoption planning. Others felt that they were not taken seriously in the assessment process and not properly assessed as possible carers. Few felt that services took account of their needs as parents but were focused to a large extent on the mother-child dyad. None reported having been offered the "advice and support" of an independent social worker at the time when adoption had first been proposed as is recommended in government guidance[56]. Several participants were reportedly not offered the chance to meet their child's adopters; a few participants who appeared likely to be able to sustain face-to-face contact with benefit for themselves and their children were not offered it.

These findings raise the question as to whether some or all of the participants were disadvantaged by discriminatory workplace cultures in social care. As reviewed in Chapter 11, Section 3, the findings of this study suggest that

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[56] Adoption Guidance Adoption and Children Act 2002 p8 para 25.

institutionalised social care arrangements for managing child protection, looked after children and adoption planning which have a clear professional and legal rationale such as reviews and child protection conferences are often represented with some cogency by participants as humiliating and disadvantaging to them.

I suggest that, when taken together, inequalities in service provision and legal inequality indicate that there is a degree of systemic discrimination against birth fathers. Discrimination appears to have had actual consequences for some participants in the study as well as communicating to them that birth fathers still have marginal status in service provision and before the law.

The findings suggest that the specific needs of birth fathers have not become embedded in service design especially in specialist services such as child protection (see Chapter 2, Section 3). Page et al. (2008 p103) pointed to the typically "gender neutral" way in which children and family services tended to be offered, contrary to the Gender Equality Duty under the Equality Act 2006 which requires public bodies to pursue gender equality by ascertaining the distinct needs of gendered groups of service users (such as birth fathers) and reshaping services accordingly.

Section 2: Study limitations and proposals for future research

Study limitations

Data only from birth fathers

The first limitation of the study is that data has been collected only from birth fathers. This is intrinsic to the aim of the study which was to explore the feelings and perspectives of birth fathers in-depth. No comparative data has been gathered from interactional partners such as social workers and no official documentary evidence (such as file or court records) has been used. Caution is therefore required in the interpretation of participants' representations of themselves and their social worlds.

Similarly, it is not possible on the basis of this study's findings to construct a theory regarding differences and similarities between birth fathers and birth mothers. There are indications from the literature and the way in which the sample group construct their masculinities in relation to the adoption crisis that there may be some significant differences. However, without a study including both groups it is not possible to test this hypothesis.

"Out of contact" birth fathers not included

The sample for this study includes birth fathers who were resident at the start of the adoption crisis and those who were not resident but in touch with the family. It does not include birth fathers who were out of contact with the child and family. The findings of this study therefore do not represent all birth fathers of children adopted from care. However, the sample does adequately represent the groups of birth fathers who are most likely to come to the attention of social workers and the courts. The participants in the study have a similar range of characteristics and vulnerabilities as those parents in care proceedings described in the literature (Chapter 2, Section 2).

Granted these limitations, the study does still offer significant insights into the experiences of birth fathers and the diverse ways in which they feel and act in relation to their children who are adopted.

Areas for future research

In order to develop the conclusions of this study, I would suggest that the following topics deserve attention.

Firstly, the findings of this study regarding shame proneness and guilt proneness in birth fathers could be tested and extended by using a number of already validated social emotions inventories and scales (Tangney and Dearing, 2002) in quantitative investigations with larger groups of birth parents.

Secondly, the quality of birth fathers' early life experiences and their relationship with birth fathers' adult social emotional style requires further investigation.

This would enable greater clarity as to the ways in which birth father humiliation in care proceedings and the effects of prior shame proneness may correlate.

Thirdly, it would be useful in practice to research sources of birth father resilience and related turning point narratives.

Fourthly, repeating the current study design with a sample of birth fathers who had experienced alternative methods of resolving child protection concerns for their child could clarify whether reducing adversarial procedures serves to reduce humiliation and increase the capacity of birth fathers to act generatively towards their children.

Fifthly, a comparative study of birth fathers and birth mothers is required to establish the extent of difference and similarity of experience and perception and seeking to identify the key intervening factors.

Section 3: Implications for practice

In this final section, I suggest some ways in which my findings apply to social work practice. This includes the application of my theory and typology and findings from prior literature which have been reaffirmed in my findings.

Fostering emotionally intelligent practice

Addressing social emotions in professionals and their organisations
As argued by Howe (2008), effective social work depends upon the emotional intelligence of practitioners and their sensitivity to their own emotional states and those of the service users with whom they are working. As Clapton (2007 p68) suggests, work with birth fathers and other stigmatised service user groups requires a capacity for "self reflective practice".

Social workers and their managers, therefore, need to attend to the ways in which social emotions are managed in their organisations. The study provides a

birth father viewpoint of intense interactions between birth fathers and social workers. Many birth fathers portray social workers as either being intimidated or engaging in reciprocal punitive action against them or distancing themselves from them. The implication is clear: social workers too can be shame prone, with serious implications for the quality of practice. Shame prone practice is likely to be characterised by avoidant communication, lack of empathy, retreat into procedures and overuse of compulsion. The shame prone social worker may be vulnerable to a range of emotions in the interaction: feeling fearful of meeting birth fathers; lacking confidence; feeling unworthy for having "betrayed" the family and removed the child. These emotions may be transposed into feelings of vindictiveness towards birth fathers.

Social workers in child protection and adoption are vulnerable to humiliation not just in their interactions with birth parents but within their own organisations. This is particularly so where it is not recognised that child protection practice is not just a rational process but involves complex psychosocial interactions (Ferguson, 2005). If social workers are to be able to practice confidently, empathetically and honestly they must be supported and empowered to do so within their organisations. It is essential for supervision to focus upon the identification and containment of emotion in the social worker and the birth family as well as case strategy and procedure.

Practicing with sensitivity to social emotions
Since my findings suggest that it is difficult for birth fathers to experience humiliation and emerge as Affiliators, attention is needed as to how to intervene with vulnerable families in ways which minimise experiences of humiliation and stigma and to effect relationship repair where rifts have occurred wherever possible.

Facilitating gender work
Social workers should also be alert to the gender work that some birth fathers need to undertake to enable the move from proud isolation and emotional self-containment to a position of greater interdependence. For some participants this

has required a revision of previous received notions of masculinity, calling into question the ideals of men as independent, self-reliant and showing little emotion even when hurt.

Helping birth fathers address shame

Birth fathers who are able to name the experience of shame and specifically link it with humiliation appear more likely to demonstrate empathy and generativity for their children. Social workers should consider interventions which enable birth fathers to address shame. One such model consisting of "psychoeducational group work" based upon a four stage "Shame Resilience Theory" is subject to trial by American investigators with groups of women (Brown, 2006). It is not clear whether this intervention would be effective with birth fathers. However, it illustrates a general direction which might be taken with birth fathers. Fathers could be assisted to identify shame, to find the courage to admit to feeling it and to begin to experience more emotional flexibility as a result. Social workers may also bear in mind that since shame is a *social* emotion, relationships will be an essential element of this process of detoxification and normalisation. Building relationships with trusted professionals, other members of support groups and especially intimate partners seem to help birth fathers extricate themselves from the effects of shame proneness.

Pioneering non adversarial child protection

My findings suggest that birth fathers see current child protection and court practice as highly adversarial. Their resultant shame prone patterns of behaviour then lead either to disengagement or angry opposition. Models of alternative approaches to managing childcare concerns (either prior to court proceedings or in parallel with court proceedings) have been developed. These include family group conferences, child protection mediation, and Family Drug and Alcohol Courts. In their different ways, these appear to have some potential for reducing birth fathers' shame based responses. However, the evidence of this study suggests that these initiatives are not being widely deployed. Practice innovation to reduce the impact of adversarial practice should be encouraged, subject always to putting the child's safety first.

Addressing institutional disadvantage for birth fathers

English and Welsh social care departments should not tolerate "gender neutral" service provision for birth fathers but should fulfill their legally required "Gender Equality Duty" under the Equality Act 2006. Birth fathers' particular service needs should be systematically assessed and services provision adapted accordingly to ensure that birth fathers are not disadvantaged (Page et al., 2008 p 104, Ashley, 2011 p119) and that services meet their needs (Clapton, 2007). Some particular issues which figure in the findings and the literature are as follows.

Challenging birth father stereotypes

This study portrays birth fathers as continually assessing those who assess them. They search for signs that they are accepted and accorded respect or that they are devalued and denigrated. They are alert to negative stereotypes. Engaging birth fathers therefore requires that social workers and managers challenge negative stereotypes of birth fathers. Many social workers and managers have yet to grasp the potential value for children, birth fathers and other adoptive kinship network members alike of helping birth fathers to develop a new relationship with their child who has been adopted. This is an issue for social worker education and organisational culture.

Locating "missing" fathers

Systematic effort is needed to record details of fathers on first contact with the family and to locate "missing" fathers (Page et al., 2008 p104, Ashley, 2011 p121). One study (Masson et al., 1996) undertaken before the growth in online resources found that most missing parents could be located given time, resources and will. It is important not to assume that absent fathers care little for their children and have no significance for them, bearing in mind that birth mothers' characterisations of fathers are sometimes unreliable (Clapton, 2007).

Fully assessing birth fathers as both risk and resource

All birth fathers should be fully assessed for the risks they may represent to the family and the resources they might bring. This involves a determination by social workers to look beyond the mother-child dyad, comprehensively map the birth father's involvement, and to make every effort to engage him in the assessment process as fully as the child's mother (Brown et al., 2009). This should be the case whatever the birth father's residential status.

Re-examining institutional practices

Most participants in this study felt disadvantaged by institutional practices which, they felt, excluded or disparaged them. Examples include:

- Not feeling able to participate in meetings, reviews and case conferences on equal terms;
- Being the passive recipient of assessment processes rather than understanding and fully cooperating in them;
- Feeling that agreements and relationships entered into with individual social workers are swept aside by organisational processes and social worker changes;
- Being angered by the expectation that they should accept responsibility for their shortcomings, when their perception was that social workers and their departments never adequately apologised for theirs.

No one organisational change is likely to transform these birth father experiences. However, combining the actions suggested in this section may go some way to remedy this situation.

Providing independent social work advice when adoption is proposed

Specifically, birth fathers should be offered independent social work advice and support as soon as adoption is mooted as a plan for their child. This is an important opportunity early in the adoption crisis, apparently not being widely utilised, to help birth fathers to deal with the coming adoption crisis without either seeking to withdraw from it or becoming sidetracked by shame/ anger patterns. Many birth fathers will also need the assistance of a skilled advocate to

enable them to stay engaged. Local authorities should commission family advocacy services to assist birth fathers in making effective representations in child protection conferences and reviews (Ashley, 2011 p124).

Seeking legal equality for birth fathers

Social workers and children's lawyers should press for reform of English and Welsh family law in relation to birth fathers and parental responsibility. There should be the presumption (as in most Australian states and New Zealand) that, in the absence of certain rare circumstances (such as the child's conception being the result of rape by the birth father) any man who can show that he is the biological father of a child, whether or not married to the mother, should have parental responsibility for that child (Bainham, 2009). Such legal reform would have both practical and symbolic value for birth fathers involved in care and adoption proceedings. It is compatible with the principle that the child's welfare in care and adoption proceedings is paramount. This reform would not prevent a court from removing a father's parental responsibility by the making of an adoption order or severely restricting its exercise in cases where parental responsibility has been misused, as it is currently the case with mothers.

Meeting adopters as standard practice

Meetings between birth fathers and their children's adopters importantly shape birth fathers' capacity to find a role in their children's lives and their future place within the adoptive kinship network. Subject to risk assessments, adoption agencies should always attempt to arrange for such meetings to take place (Neil et al., 2010 p218).

Individually tailored contact arrangements

Birth fathers' contact plans with their child following adoption should not be an afterthought to birth mother contact, nor based upon an agency default formula for minimal letterbox contact (Neil, 2002). Each contact plan should be based upon careful assessment of what each birth father is able to bring to the adoptive kinship network, assuming that adoption support is available. Plans should be subject to continuing review to reflect changes within the network.

Taking a differential approach to birth fathers

The findings of this study suggest that taking a differential approach to birth fathers is likely to maximise the chances of effective engagement with them. The assessment process should include consideration of the birth father's social emotional style and to their possible "fit" with the three "types" identified.

The challenge of working with Vindicators

Vindicators are likely to be the most challenging group to engage and social workers and managers may be tempted to minimise their involvement. This is likely to be a mistake since this may be interpreted as an attempt to exclude and denigrate them. Instead, they need to be sought out early in the process since once shame/ anger patterns are established maintaining open communication will be very difficult. Vindicators particularly conscious of status issues and should be engaged respectfully, empathetically, but confidently and assertively. Communication needs to be clear. Difficult issues or changes of direction in the plan should not be avoided or "fudged". Attempts to avoid uncomfortable discussions may later be interpreted as social workers telling "lies".

Every attempt should be made to ensure that Vindicators have an independent adviser or another social worker without case responsibility for the child who may be able to act as a mediator, perhaps moderating extreme reactions and pointing the Vindicator from another angle towards desired changes. Working with Vindicators in this role is a task for highly experienced workers who are able to contain their own fear without losing the initiative.

Misunderstandings and glitches in communication with Vindicators should be addressed speedily. Changes of social workers and teams should be avoided where possible or careful arrangements made to "bridge" the Vindicators from one named person to another. In spite of this approach, social workers are unlikely to be successful in all cases in maintaining open communication with Vindicators but may succeed in reducing the level of conflict.

Overt Vindicators and the risk of violence

Overt Vindicators may behave in ways which are frightening and threatening to social workers. Such fears need to be acknowledged and shared. If they are not, staff will suffer pain and humiliation making balanced decisions difficult. A social emotions framework may prove to have value in helping to understand Vindicators' interactional strategies, considering the most helpful and effective responses and evaluating the risk of Vindicators engaging in violence. Issues of intimidation and safety for workers must be addressed effectively as part of supervision (Ashley, 2011 p120). Scheff (2007) has suggested that certain circumstances indicate a heightened risk of attack. These are when men who are in escalating shame/ anger patterns of behaviour, where shame is unacknowledged and non-violent means of reducing the impact of shame have been removed, feel utterly abandoned and that they have nothing to lose.

Covert Vindicators and the risk of deception

The theory and typology in this study also suggest that when humiliated, covert Vindicators may engage in strategies such as "disguised compliance", dissembling and misleading social workers about their intentions and actions. Inevitably, to protect against complaints, social workers will need to devote more time and energy with covert Vindicators to spelling out arrangements and writing letters to confirm significant issues. It is important to "take the steam" out of any legitimate complaint about the service by accepting responsibility, apologising and offering reparation. Social workers will find these birth fathers hard to feel empathy for and may, if not aware of the feelings they evoke, be drawn into punitive thinking and action against them confirming them in their strategy.

Encouraging growth in Resigners

Resigners may present as irritable and critical which may hide the underlying emotions of shame and depression. Most Resigners oppose the adoption of their children. However, many will not actively seek to disrupt the plans. If fully involved in the adoption planning, for example, by meeting prospective adopters they may be able to reach some level of acceptance of the adoption which will

enable them to be candidates for face-to-face contact. Over time, some such Resigners may have the potential to migrate to the Affiliators group. Social workers therefore need to look beyond Resigners' opposition in principle to their child's adoption to how they might actually manage meeting the adopters and their capacity to develop empathy for their child.

Resigners may seek practical assistance from adoption support services. They may also have disabling issues of shame, loss and depression which are minimised in fleeting contacts with adoption support social workers or even in birth parent groups. These are only likely to emerge if adoption support workers take a deeper and more proactive approach to assessing their adoption support needs. Although reluctant to engage in "counselling", some Resigners' may be encouraged to do so. Trust should be built in the course of practical assistance. Counselling may be more acceptably described as "talking things through". Where a Resigner is still in partnership with the child's mother, addressing loss may also require couple work.

Making the most of Affiliators

Although Affiliators will probably not be without some risk factors in relation to their possible role in their child's future, it is important to ensure that the resources they may offer for the child are not overlooked. Affiliators (or members of their wider family) may warrant consideration as possible carers for the child. Affiliators have potential to assist with adoption planning including life story information. With support, Affiliators are likely to be able to successfully manage meetings with adopters and maintain some level of communicative openness with the adopters and their child.

Chapter summary and conclusions

This final chapter relates the study findings to selected themes from the literature reviewed in Chapter 1-4.

The study findings and literature mutually confirm the salience and long term effects of the adoption crisis for birth fathers and that many birth fathers appear

to be acting or have the potential to act in a generative way towards their children.

The conclusion is advanced that shame and guilt play an important role in the way in which birth fathers manage their adoption related emotion which has implications for their experience of loss and their state of mental health. It appears that the birth fathers who make best use of adoption support services (Affiliators) are those who are already most inclined to generativity towards their children; that Vindicators generally reject offers of adoption support; that Resigners may make use of some services but do not press for help to address the full depth of their despair regarding their child's adoption. They require a more proactive approach from adoption support services.

I conclude that birth fathers suffer a degree of institutional and legal disadvantage in relation to the adoption of their children. Although the issue of legal rights deserves to be addressed, it is argued that birth fathers are more likely to be empowered to act generatively towards their children in circumstances where legal and procedural conflicts are reduced to a minimum and other problem solving approaches to the dilemma of the child's care and future are attempted. The chapter goes on to discuss the study's limitations. Suggestions are made for future research to develop the findings.

The chapter ends with three broad categories of recommendations for enhancing social work practice with birth fathers. Firstly, it is suggested that more attention is needed to minimise experiences of humiliation for service users and to take steps to ensure that social work practice does not itself become shame driven. Secondly, proposals are made to address legal and institutional inequalities, which may negatively affect birth fathers' ability to make constructive contributions to their children's welfare. Thirdly, I suggest that assessment of birth fathers should include their social emotions strategy, enabling interventions to be tailored to the needs of individual fathers.

Section 4: Thesis conclusions

This thesis presents the results of a grounded theory and qualitative descriptive investigation of the experiences and feelings of birth fathers of children placed for adoption during approximately the last ten years. As set out in the literature review and the findings, these birth fathers differ from their predecessors in significant ways including the legal and social context of adoption and the characteristics of the birth father population.

Many contemporary birth fathers face considerable challenges. They are more likely than their predecessors to face multiple social and personal issues. Their children are likely to have been placed for adoption following child protection concerns and care proceedings. They may have faced stigmatisation and been subject to institutional and legal discrimination. They are often regarded by professionals as "troubled" and "troublesome" and marginalised in the decision-making concerning their child's care and adoption.

I conclude that in spite of decades of legal reforms modifying the rights and responsibilities of fathers in English family law and initiatives to pursue anti-discriminatory practice in public services, birth fathers still experience legal and institutional discrimination, for which I have proposed remedies. In spite of their continued significance to their children and the duty of local authorities to cater for them as service users in their own right, they tend not to receive tailored services that are based on full assessments of need. With the exception of a few well-motivated fathers, most birth fathers make comparatively little use of adoption support services.

This thesis has attempted to clarify and deepen the existing understanding of current birth fathers' perspectives and feelings regarding their child's adoption focussing upon how they manage adoption related emotion in the context of the typical procedures and practices that surround current adoption from care. The study confirms previous work (particularly Clapton, 2003) suggesting that for

most birth fathers, the adoption of their child is a hugely important event with life changing implications.

Most study participants, especially those who were resident fathers and who believed themselves to be substantially criticised for their child's care crisis, described an experience of profound humiliation at the hands of social workers, their departments and the courts. Birth fathers adopted one of three strategies for managing this attack upon their personal integrity. Vindicators angrily rejected criticisms and redirected them to their accusers. Resigners, the largest group of participants, protected themselves by emotional withdrawal from the conflict. Affiliators accepted a degree of responsibility for their child's situation, avoided most conflict, and sought to work pragmatically to pursue their child's welfare and stay in touch with their child.

Certain key "social emotions", namely shame and guilt were found to be highly significant in the birth fathers' experiences of the adoption crisis, strongly associated with the strategy chosen, the ability of the birth father to focus on their child's welfare, the ways in which they employed moral self justification and the degree to which they were able to resolve feelings of loss concerning their child. Crucially, the birth father's chosen strategy was found to strongly influence his ability to imagine a new, though reduced, role in his child's future life, as part of the adoptive kinship network.

This thesis presents a grounded theory of birth fathers' feelings and experiences in relation to their child's adoption with the related typology mentioned above. This is intended to promote further study in respect of this under-researched group of men. It is also intended to inspire new practice initiatives for social workers and others who provide services to birth fathers and their families based upon a greater awareness of the importance of shame and guilt as drivers for action for service users and professionals alike.

Given the context that I have described for the adoption of children from care, it is perhaps inevitable that birth fathers will be constructed as social problems in

search of a solution (Loseke, 2008). In this study, I have attempted to depict them as ordinary people, albeit in an adverse circumstances, but always adopting strategies and trying to manage conflicts, more or less effectively.
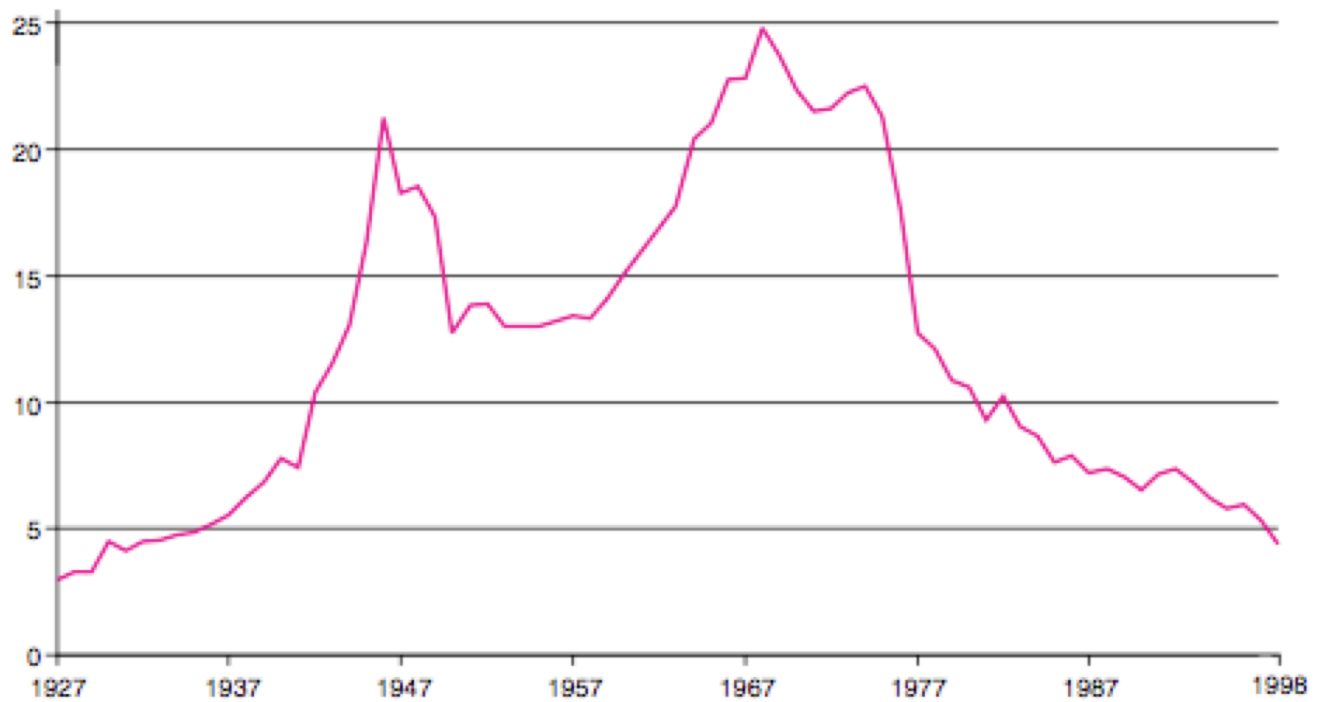
Appendices

Appendix 1
Figure 1: All adoptions England and Wales (1927-1998) (ONS, 2000a)
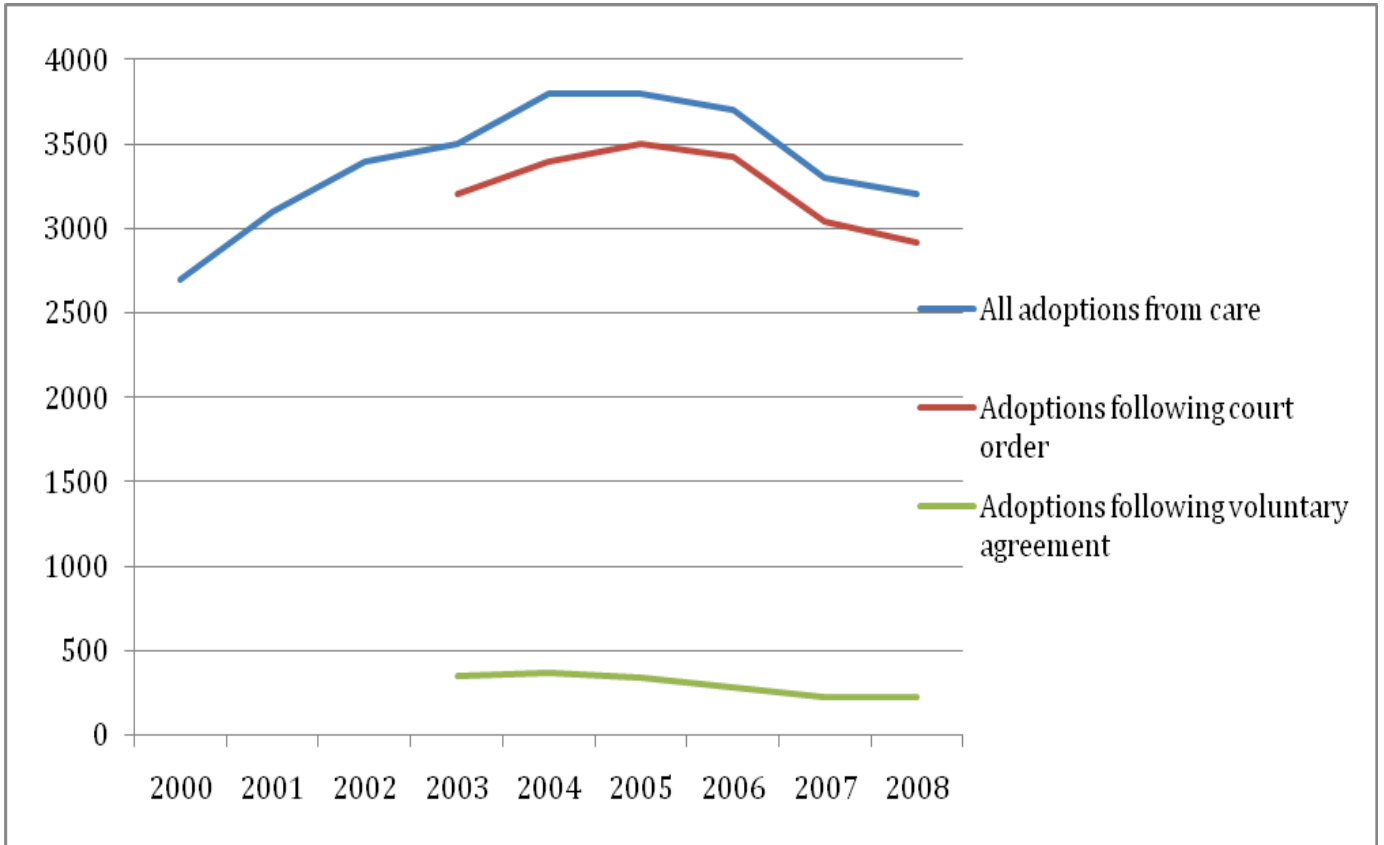
Children adopted

England & Wales

Thousands

Source: Office for National Statistics

Appendix 2
Figure 3: Children adopted from care (2004-2008) following court orders and voluntary agreement (DCSF, 2007a, 2008a Table E1)

Appendix 3
Table 1: Legal routes to compulsory adoption 1976-2010

	Freeing Order under Adoption Act 1976	Placement Order under Adoption and Children Act 2002
When operative	1976 until 28th December 2005	29th December 2005 -present
When the order usually made?	In a "stand alone" hearing usually at least 28 days following the making of a care order where the plan is for adoption and the parent is not consenting	At the end of care proceedings where the plan is for adoption and the parent is not consenting
Always applied for in cases where parents do not consent?	No. The alternative was for the child to be placed for adoption by the local authority and for the adopters to apply later for an Adoption Order. In practice, there was significant variance between local authorities as to applications for Freeing Orders.	Yes, the local authority must apply to the court for a Placement Order in order to have a mandate to place a child for adoption.
What is the effect of the order on birth parents?	The need for their consent to adoption was dispensed with and their parental responsibility where they had it was permanently removed.	Their consent to adoption is dispensed with but the birth parents' parental responsibility is not removed. However, the local authority has parental responsibility and so do prospective adopters with whom the child is placed. The local authority may restrict the birth parents' exercise of parental responsibility. In effect, birth parents are unable to exercise parental responsibility and their rights are generally restricted to receiving news about their child's progress
Can the birth parent apply for the revocation of the order	No.	In certain very restricted circumstances and they would need to seek leave to apply
How does the child become adopted?	Prospective adopters apply to the court for an Adoption Order. If the child is subject to a Freeing Order, birth parents' consent has already been dispensed with and they are ex-parents. If no Freeing Order is in place, the birth parent may contest the making of an Adoption Order. The court may dispense with their agreement and make an Adoption Order in which case, their parental responsibility is permanently removed	Prospective adopters apply to the court for an Adoption Order. The question of birth parents' consent has already been dispensed with when a Placement Order was made. Upon the making of an Adoption Order, the birth parent loses parental responsibility permanently.

Table 1: Legal routes to compulsory adoptions 1976-2010

Appendix 4
Figure 5: Ways to be involved in parenting (Palkovitz 1997)

Figure 5: **Ways to be involved in parenting-** *Bold lettering [my emphasis] indicates possible involvement by birth fathers* (adapted from Palkovitz (1997 p209 Table 13.1))

Communication
- **Listening**
- **Talking**
- **Writing notes**
- **Making scrapbook**
- **Calling on phone when away**
- **Expressing love**
- **Expressing concerns**
- **Expressing forgiveness**
- **Expressing valuing**
- **Showing genuine interest in day, friends, interests, feelings, thoughts, aspirations etc**

Teaching
- Advising
- **Role modelling**
- Problem solving
- Disciplining
- **Commenting on child's or parent's progress**
- Teaching spiritual development, praying together, etc.
- Fostering independence
- **Providing long term perspective**
- Giving choices and **respecting choices made**
- Assisting in gaining new skills (teach to ride bike, swim, drive, balance checkbook)
- Scolding
- Giving chores
- Teaching responsibility
- **Teaching about own and other cultures**
- **Answering questions**
- **Encouraging interests, hobbies**
- Doing taxes

Monitoring
- Friendships
- Dating partners
- Safety
- Whereabouts
- Health
- Grooming
- Schoolwork
- Checking on sleeping child
- Going to parent/teacher conferences
- Overseeing TV or movie watching and music listening to

- Rides to and from places

Thought processes
- **Worrying**
- **Planning**
- **Dreaming**
- **Hoping**
- **Evaluating**
- **Praying for child**
- **"Being there"**

Errands
- Driving
- Picking up items
- Making calls for

Caregiving
- Feeding
- Bathing
- Clothing
- Reaching things for children
- Caring for sick child
- Tucking into bed

Child-related maintenance
- Cleaning
- Repairing
- Laundering
- Ironing
- Cooking
- Pet care
- Creating child-centred spaces

Shared interests
- Developing expertise
- Providing for instruction
- Reading together

Availability
- Attending events
- Leading activities (scouting, PTA etc)
- Spending time together
- Allowing/encouraging child to enter into leisure activities
- Being with child when he/she won't go alone
- Baking cookies for child's activities

Planning
- Birthdays
- Vacations
- Education
- Trips

- Holidays
- **Saving for future**
- Appointments
- Scheduling time with friends

Shared activities
- Exercising
- Shopping
- Picnicking
- Movie going
- Parks
- Eating meals
- Playing together
- Building forts
- Celebrating holidays
- Working together
- Dancing together
- Chaperoning events

Providing
- Financing
- Housing
- Clothing
- Food
- Medical care
- Education
- Safe transportation
- Needed documentation (birth certificates, social security etc)
- Help in finding a job
- Furnishings
- Developmentally appropriate toys or equipment
- Extracurricular activities
- Alternative care
- Insurance

Affection
- Loving
- Hugging
- Kissing
- Cuddling
- Tickling
- Making eye contact
- Smiling
- **Genuine friendship with child**
- Showing patience
- Praising

Protection
- Arranging environment
- Monitoring safety
  Providing bike helmets, lifejackets etc

Appendix 5
Attributes questionnaire

Attributes questionnaire   **Page 1 of 4**

Participant's code number

Date of interview

Referral source

Explanation to participant: *These are some factual questions which will help me put what you have said in perspective. Quite a few of these questions you will have answered already and we can skip over those, but this is to make sure I haven't missed anything important. If there is anything at all you don't want to answer, please say and we will leave that question out.*

How old are you?

years

How would you describe your ethnicity?

White British	
White Irish	
Any other white background	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background	
Black Caribbean	
Black African	
Any other Black background	
Chinese	
Other ethnic group: please state:	

Has your child been placed for adoption, adopted or are you not sure which?

Placed for adoption	
Adopted	
Not sure which	

How old was your child when placed for adoption/adopted?

years

During which year was that?

3/2/09

Attributes questionnaire   **Page 2 of 4**

Do you/ did you have parental responsibility for your child?

Yes	No

Were you directly involved in looking after your child?

Yes	No

Was your child adopted/ placed for adoption after care proceedings?

Yes	No	Don't know

Did you agree to the adoption plan?

Yes	No

Did you give signed consent to you child's adoption?

Yes	No

Did your child's mother agree to the adoption plan?

Yes	No	Don't know

Did she give signed consent to your child's adoption?

Yes	No	Don't know

Were you in a partnership with your child's mother when care proceedings started?.....

Yes	No

At the time your child was adopted/ placed for adoption?....

Yes	No

Are you still in a partnership with your child's mother?

Yes	No

If not, are you now in another partnership?

Yes	No

Have you met your child's adopters?

Yes	No

If so, was this before your child was placed?......

Yes	No

3/2/09

Attributes questionnaire   **Page 3 of 4**

After placed but before adopted?.....

Yes	No

After adopted?

Yes	No

Since your child was placed for adoption have you had *any* form of contact with him/ her? (meeting/ written/photos etc)

Yes	No

If so, has that been face to face?...

Yes	No

How many times a year does that happen?

	times

By letter or card?

Yes	No

From you to your child's adoptive home?

Yes	No

How many times a year does that happen?

	times

From your child's adoptive home to you?

Yes	No

How many times a year does that happen?

	times

Have you received photos of your child from the adopters?

Yes	No

How many times a year does that happen?

	times

Do you have any other birth children?

Yes	No

3/2/09

Attributes questionnaire   **Page 4 of 4**

If so, for each child..?

	Age	Living with you?	Living with child's mother?	Living with wider family member?	Living with foster carers?	Adopted?	Other- please state
Child 1							
Child 2							
Child 3							
Child 4							
Child 5							
Child 6							

Are you part of a household with or involved in the day to day care of any child who is not your birth child?

Yes	No

If so, for each child..?

	Age	Part of household with you?	Involved in the day to day care of?
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

Are you in paid employment?

Yes	No

If so, full time or part time?

Full time	Part time

Thanks very much.

Back to interview schedule: "After the interviews"

3/2/09

Appendix 6
Case summary format

Case summary

Participant

Outline narrative

Significant themes from subject's history

Significant themes from subject's culture

Circumstances of conception

Nature of partnership

Father role in relation to child (e.g. Resident vs NR, Carer vs non carer)

Subject's construction of self as father

Level of kinship support available

Attitude to child (separate person? Claiming fatherhood or retreating)

Attitude to child protection/ adoption crisis
1. Denies any problems.
2. Problem located in someone else.
3. Accepts that there are problems in the family but disputes social services' view that it is harming the child
4. Accepts concerns and supports the adoption plan
5. Accepts that the child was at risk but say that adoption was not fair or necessary

Reports own problems?
1. Partner difficulties included domestic violence, rape, physical abuse and stalking. Also arguments, infidelity, repeat separations followed by reunion; divorce.
2. Mental health issues: depression, anxiety, personality disorder and bipolar disorder or no clear diagnosis.
3. Substance misuse.
4. Effects of own childhood.
5. Problems with child.
6. Birth relative health/disability
7. Practical problems such as housing.
8. Crime.
9. Being a sex offender.
10. Problems with people other than partners.
11. Previous bereavements and losses.
12. Immigration issues.

Involvement in adoption process

Comfort with dual connection

Dealing with the impact of adoption

Feeling about the outcome of the adoption for the child

Role as a father now?
Ongoing involvement with child - role and relationship - what are contact plans, what does father think and do about these?

Adoption support used- describe

Other therapy/ support used- describe

Adoption support use- satisfaction?

Other

Appendix 7
List of memos and sample memos

List of memos

Acting out grief
Balancing the sample 16 12 08
B- My whole world was collapsing
Being an arsehole
Being fated
Being perceived as unprotective B 8 06 10
Being perceived as unprotective B 8 06 10 (2)
Being there for the child
Birth Fathers and fatherhood research 28 11 08
Claiming fatherhood- two kinds of claim
Comparison between counselling and research interviews 10 11 08
Comparison between methods- why phenomenology was not chosen
Conception issues 3-8-09
Coping with illness
Discursive reflectivity seminar 7 11 08
Ensuring rigor or taking care
Epistemology considerations
Evolutionary biology and conception issues
Experiencing partner abuse
Exploring entitlement and feeling shame rather than guilt
Facing a history of failed intimacy
Facing down shame progressively
Facing humiliation and defeat final memo
Families know what need is
Feeling guilt
How birth fathers try to read the minds of sws
How birth fathers try to read the minds of sws (2)
How far does the data reflect reality 7 1 09
How, when and why to involve participants 7 11 08
I committed fraud
I wanted to do it by myself
Identity theory 2 September 2009
Jumping through hoops
Listening out for parent stories
Living in parallel realities
Looking outwards to others versus withdrawing or obsessing
Maintaining the moral self
Making birth parents an offer
Managing social emotion final memo 260411
Masculinities literature and characteristics of men doc
M summary
Methodological issues: speech as social act/ interviewer effect/ masculinity 9 10 08

Navigating contingent relationships
No fault position
Observational notes
Plan for focused coding and analysis 17 02 11
Putting fatherhood into action
Relationships, conception and building families comparisons and questions
Round and round and round
Sampling caution against generalising
Seeing birth fathers as avengers of harm by adopters
Sensitising concepts 9 1 09
Situated fathering and birth fathers thoughts on place time etc
Social problem work and waiting for reunion BF12
Stigmatisation and birth fathers
Taking a no fault position
Taking functional view of relationship
The special place of foster carers for some birth fathers
Theoretical coding theory building and core categories
Theoretical sampling different views
Theoretical sampling shopping list
What's the point of the literature review
Working to have father attributes–memo

Sample memos

On being an arsehole
June 2009

"You go in there normal and you come out an arsehole"
This memo links what D says about his experiences of the care system to shame guilt and self esteem.

The first point to note is that D draws attention to his assessment of himself (and others like him) not as someone who has done bad things which have led to criminal prosecution but as someone who is unworthy, in his language "an arsehole".

This is a vivid image which may be just there to shock which it does. It fits with D's sense of dramatic presentation suggesting unresolved attachment. Everything is writ large. People are completely good or bad. Ordinary life is rewritten in vivid colours. However, D has used the same expression about himself previously. In that context he was explaining that his parents had committed him to care at the age of 4 because he was "an arsehole". This, plus the impression of sadness which seeps in beneath his grandiose presentation suggests that there is more to the choice of words than merely a desire to shock.

The term conveys a radically unforgiving and negative self-assessment. In Cooley's terms he has seen the reflection of his identity (his self) in the responses

to him by countless care workers, police, prison staff, officials and ordinary people. He has adjusted his sense of self accordingly so that their presumed assessment becomes his own. The chosen word suggests he sees himself essentially as a conduit for shit. Nothing good or useful can come from this source. Everything is tainted, impure, injurious to health, offensive, valueless, ugly. He doesn't do bad things, he is a source of bad things. In his own eyes and those of others (he presumes) he is essentially worthless and toxic. Being an arsehole makes someone socially unacceptable, a social leper and subject to social stigma. In the literature, guilt is a response to doing wrong things; Shame is about the unworthiness of the core self.

The question arises as to whether D is demonstrating low self esteem or shame or both. This distinction between shame and low self esteem is made by Tangney and Dearing. According to their definition, low self esteem is a persistent cognitive self appraisal rather than a feeling.
See notes as follows from Tangney and Dearing:
How shame and self-esteem relate to each other (page 56)
self esteem is "a stable trait involving one's general evaluation of the self".
Shame, however, is an emotion–an affective state.
"It involves a negative evaluation of the global self, but one that is in response to a specific failure or transgression." Page 57.
There is a modest correlation between shame proneness and low self-esteem.
Repeated proneness to shame feelings can deplete self esteem. Page 59. This is in contrast to guilt which is uncorrelated with self-esteem across a number of studies of all age groups–page 198.
"Low self-esteem sets the stage for frequent and repeated experience of shame." Page 60.
See figure 4.2 on page 61.
Low self esteem is modified by IQ, skills and status (page 61).

It seems clear that D has very low self esteem which T&D say "sets the stage for frequent and repeated experience of shame."
In the interview, D seems to be reporting shame inducing experiences rather than being in a state of experiencing shame there and then. In fact, his presentation is apparently "shameless". Dramatic, portentious, exaggerated etc. However, the leakage of a sense of sadness and pointlessness suggesting depressed affect when the drama subsides suggests that D's "shamelessness" is in fact a way of managing shame.

The other important point is that D cites his experiences of the care system as the cause of his poor self esteem, criminal actions etc.
"We are the products of the system".
He is not responsible because the care system has ruined his life. He shows no guilt (as set out in T&D's framework). It is not surprising, therefore that he is able to maintain his innocence in relation to his child, partner etc and makes no reference anywhere to taking any action to put right or repair matters that went wrong. It is simply not his fault. He is very low on guilt proneness.

How birth fathers try to read the minds of social workers.
16 June 2010

The key nodes are:
showing intersubjective attunement with SSD
distrusting social workers and nodes below
contesting social work actions and nodes below

> "Y'know and if I can get people out of there to trust social services maybe social services will actually see that themselves well hold on we do have to review our plans here and help more people instead of putting children in care. Y'know because if people were going to them and asking for help"

Here, we see T trying to think strategically about the relationship of birth relatives with social workers and their department. Here and in the other nodes mentioned above we see how birthfathers, far from just being a passive recipients of social services action, are constantly reflecting and trying to make sense of their relationship with social workers and their organisation.

There is evidence here of intersubjective attunement as mentioned by symbolic interactionist thinkers such as Cooley, Mead, Goffman, Blumer and Sheff. They discuss the human tendency to "mindread" in social interactions. The intersubjectivity that they discuss is of the kind "I know that you know that I know that you know..."

Under the two nodes *distrusting social workers* and *contesting social work actions,* we can see a host of attempts by birthfathers to organise their observations of the behaviour of their enemy. Sometimes, they expressed puzzlement (*being unable to find a way through*) or "*being surprised by social work action*". Or "*trying to grasp what social services are getting at*" even, "*beginning to see what they are getting at*" and "*identifying with the professionals*".

We cannot of course take their constructions of social workers and social services as some kind of objective account of the way child welfare services are being run. However, it is clear that birthfathers observe aspects of practice which are familiar to the experience of many practitioners and commentators and have an overlap with shared reality.

For example:
- "*Being a victim of balancing act*" expresses the birthfather's surprise at having his child removed on the basis of a decision made on the balance of probabilities rather than beyond reasonable doubt.
- "*Moving the goalposts*" expresses exasperation by the birthfather that social workers when carrying out an assessment may start with one set of concerns or issues and end up examining a whole lot of other issues as well. This may seem unfair to the birthfather but will be standard practice in a comprehensive assessment.
- "*Amassing lots of little things*". Similarly, the birthfather may think that the

social worker will concentrate just upon the issue which is subject to an allegation. Instead, they will be surprised to find that a comprehensive assessment will take into account all kinds of other apparently minor issues along the way. The child could be lost to the birth parents on the basis of all these little issues being added up although the original subject of the complaint was found to be baseless.

- *"Seeing decisions as being driven by team purpose"*. This too is an acute observation of the fact that teams behave differently towards service users in relation to their declared purpose. The service user may not have changed but the social worker from a particular team is liable to see them through the lens of that team. So, if the family had moved beyond a child in need team to a child protection team there will be a tendency to focus on child protection issues. The birthfather is aware of this going on.
- "*Being shunted between teams*" and *seeing social workers as transitory*". These apprehensions of the birthfathers are also highly recognisable from practice experience of social workers and other commentators. The birthfathers are able to comment to some extent on how that has affected their experience of social services as a whole and the outcome of the case.
- "*Seeing meetings as a fait accompli*". There have been many studies about the extent to which service users are meaningfully involved in reviews, case conferences etc. Birth fathers show an awareness of this dynamic in action.

Birth fathers also see social workers as struggling with their role. On the whole, they are not very sympathetic towards them which is understandable, but they perceive them to some extent as being "*pawns of management*". Although the management line in relation to their child is seen as a pretty monolithic position in formed by "*flawed assessments*" and "*closed minds*" from those in power in social services, birthfathers can identify some social workers, other professionals and foster carers who support their position to some extent. They notice that these individuals come under pressure from the Department to conform to the Department position. This dynamic too will be familiar to anyone who's worked in social services.

So, birthfathers can be seen as attempting to maintain a dialogue with social workers and their organisation. Perhaps the fraught nature of the situation and the content of the dialogue together with the anonymity and changeability of social services and its representatives make it inevitable that most of the birthfathers characterisations of social work are negative. The birthfathers are, in making these constructions, surely trying to construct for themselves a meaningful story about the identity of these social workers and disorganisation.

This can lead to hostile attributions: in the nodes mentioned above social workers are characterised as lacking *professionalism, compassion.* They are *career opportunists*, *contemptuous* even *provocative.* They *obfuscate* and show their *ignorance.* They *exaggerate birthfather deficits*. They have *closed minds*. They use delay and change in personnel as a strategic tool to frustrate the birth relatives.

Perhaps the most important aspect of all this is to seek to understand birthfathers as interactional partners with whom social workers are engaged in continuing dialogue involving attributions of attributions of attributions etc. Birth fathers are watching how social workers treat them. They are attempting to account for what they see. They are aware of being assessed. All this is happening in recursive loops of increasing complexity.

Communications become particularly complex when although the social worker has a first-hand appreciation of these recursive loops in action, the department as a whole is seen as anonymous. Although in 1 to 1 interactions the partners may be concerned to establish interactions which enhance the identities, pride and self-esteem of both partners, the organisation has no part in this. The organisation is not interested in how it appears.

17 June 2010
An overnight thought about the prevalence of critical and hostile attributions towards SSD and sws.
If you cant safely read these as disinterested assessments of the functioning of SSDs or the practice of sws, surely it is evidence of bfs perception and experience that in various ways, **the social bond has been broken.**

Scheff remarks somewhere in relation to Mead and Cooley that in relation to social interactions, if the social bond is maintained, then both parties feel pride. If it is broken, one at least will feel shame.

The participants are not able to tell me openly that they were humiliated by the behaviour of the social workers and that this led to their becoming angry, suspicious, depressed and disengaged. Why? *Because shame is a taboo emotion.* It is shameful to admit to experiencing it. Anger, on the other hand is an acceptable emotion for men to exhibit.

And so their emotion is unacknowledged or bypassed *as shame* and the only clues we get that they are feeling shame is the description they give and the complaints they make about ways in which social workers have broken the social bond (by implication, placed them in a humiliating situation) and descriptions of outbursts of anger.

These complaints, whatever we think of them as descriptors of practice, must surely be read as shame markers. If that is the case, I need to count their prevalence. My feeling is that they are quite prevalent across all the participants. hSome more than others.
If so, I need to look for shame preceeding anger as Lewis (1971) suggested is often the case and for subsequent markers for anger, depression and withdrawal/ isolation.

Shame/ anger loops in the data? *[excerpt from memo]*
29 September 2010

Are SALs there to be seen?
How many of the sample describe/enact "humiliated rage".
Can we identify a typical *temporal process* around descriptions of "humiliated rage"?
Are there accompanying phenomena?
If incidents of "humiliated rage" are related in the data, is a state being described or just events?
What role does the mind/ cognitive rationalization play in any process?
What variables precede "humiliated rage"?
What variables trigger it, mitigate it, end it, postpone it?
What are the outcomes of "humiliated rage"?
How does it relate to depression and withdrawal? Are they linked in each case, separate or overlapping?

Working out from this node especially:
RESISTING SHAME AND STIGMA/BEING SHAMED/LINKING SHAME AND ANGER
But also
RESISTING SHAME AND STIGMA/ACTING RESISTANTLY
RESISTING SHAME AND STIGMA/ESPOUSING RESISTANT NARRATIVES
RESISTING SHAME AND STIGMA/GETTING TARRED UP

CASE BY CASE ANALYSIS
BF001 provides an example of a shame anger sequence.
He speaks about how he tries to get contact sorted out with his children who are in care. His wife was able to see the children but he was not.

> "Whenever I said I wanted to go... I was faced with a restraint order: you come on these premises and we'll call the police and–they'll take you away, they'll remove a few will apply for a restraint order."

Behind this is the attribution already that he was at fault and that he was likely to behave in an erratic of violent manner so he is responding to stereotyping. He is seen as someone who is violent, irrational, someone who has no rights in relation to his children.

This triggers a rising tide of anger, which appears to be related to the accusation against him that he is a potential paedophile, irrational, violent or potentially violent and has no standing in relation to his children–humiliating attributions.

> "And I got angry. And I got angrier and angrier. I must admit I kicked off at social services–... I went fuckin' mad... I threw a bit wobbly which obviously went against me–this bloke erupts, you know–... But hey listen!... You're stopping me seeing me kids and I ain't done nothing wrong!... That's

the bit they don't get you know[57], that–that's the bit they don't get that–how they can wind people up like that and when a person blows off in their face it's like–oh yeah, we've got that one now. And they use everything against you–absolutely everything you've–youth–you've got to be whiter than snow."

Later he says that he holds them (social services) responsible for messing up his life. This is accusing the accuser.

"That's why I don't go to social services because you know I would–I would do time for them and I mean that–I would do a lifetime prison sentence to go down there and do what I want to do down there because they've made such a mess of–of my life and especially a life that hasn't that hasn't had any sinister things going on in it apart from, you know, just your normal–or normal stuff you know and one that–you know it's like I sit here as a paedophile but you know there is no evidence–there's no nothing."

"There's no thing. *But they've made me feel[58]*, you know. And as I say, I couldn't go down there. I couldn't face a social services person again, I couldn't do it…..I would blow up. I would see red and I'd blow up. *The minute they turned round and said I was wrong, I'd fly.*"[59]

He goes on to say that he was involved in an armed robbery with guns etc and the judge had warned him that if he came back in front of the court it would be for life:

"You know not–not–not your silly little armed robbery but proper armed robbery–a bank owned guns, the lot, you know… Holding hostages, everything and you know the Crown–the Crown judge turned round to me and said: if he ever saw me again, it would be life. I won't go that step."

Immediately after that he mentions the new relationship he is found with his current partner which has been going on for the last three years: "it's been hard but I feel I'm coming to the end of it now."

---

[57] I ain't done nothing wrong. Two things about that. Shame proneness is associated with being unable to empathise with others. He is concerned about the [unjust] accusations against him of being associated with paedophilia etc. He does not examine whether he may have done "anything wrong " in relation to his children e.g. by evicting them. His shame route is strongly associated with the no fault position.

[58] They've made me feel- The feelings evoked are beyond the feeler's control. This assumes that somehow the accusers have a direct access to the source of his feelings. Like an electrode placed in his brain. What is the birth father doing here as a social actor? He is *portraying* himself as the passive recipient of actions by others. It is almost as if the feelings are not his but have been implanted within him. Somewhere in Dickens a character says something like there is a feeling in this room. To whom does the feeling belong. Is it owned by anyone? "They" have made him feel [shame? Guilt?] for being a paedophile when he isn't. But he still has the feeling. It also relates to Howe (2008) where he suggests that those less emotionally intelligent are likely to attribute their feelings directly to the agency of others rather than feeling that their own feelings are theirs to monitor and manage.

[59] The minute they turned round…I'd fly- this suggests that the feeling evoked is intense, sudden, unreflected upon. The transposition of shame to anger is almost instantaneous.

The sequence seems to go as follows:

1. He's **assailed by potentially humiliating accusations**: accused [unjustly] of being a paedophile, treated with scant respect, not allowed to see his children and when he objects and becomes angry is treated stereotypically as a violent and aggressive person.
2. He experiences a **sudden rush of painful feelings**.
3. Almost **instantaneous anger**. Almost instantaneously the feelings are expressed back to the accuser as anger.
4. He has **lost control of how he feels**. "They've made me feel…"- Others have made him feel something. Later he also indicates that he was made by them to feel unworthy but the feeling is not identified as shame as such.
5. The sequence is a **one-off but becomes a pattern**. He mentions one occasion in which, when the sequence is enacted, he loses his temper. He goes on to mention how this becomes an established pattern.
6. *Later* **compensatory narrative**. He puts together a narrative which accounts for the extreme experience presenting himself in a compensation light. He sees himself as *falling into a trap* which they have sprung for him. *Social services have made him feel that way* by accusing him.. He makes counter accusations: *they treated him in a highly demeaning manner*: unjustly, unfairly, with no respect; they deprive him of his rights in relation to his child. They label him a paedophile assassinating his character. They make him feel bad things. *They do this in order to wind him up so that he will lose his temper and give them the justification for taking legal action against him.*
7. The **narrative justifies and legitimizes his feeling** which could lead to the narrative developing over time and solidifying also preparing the way for similar feeling loops in future.
8. He feels **unable to redress the situation by other means**. (cf Scheff). The interview exemplifies his feelings of the futility of pursuing conventional courses of action to address his issues.
9. The **feeling loop becomes recursive**. He then describes how this pattern is repeated in subsequent encounters with social workers such that he begins to fantasise about taking violent revenge.
10. Although he **deals with it by withdrawing**, he still feels the intense feelings that he had many years ago and these are enacted in the interview.

Memo continues with case-by-case analysis.

Appendix 8
Information leaflet for potential participants

UEA University of East Anglia · Centre for Research on the Child and Family

What will I have to do?

If you agree to take part, this is what it would involve.

- I would meet you for the interview at a place convenient for you where discussion is possible without interruption.
- The meeting will probably last between one and two hours.
- If you did not wish to answer a particular question or wanted to withdraw completely, I would respect that without question.
- I would keep what you say confidential.
- You will be given £15 for taking part in each interview.

I hope you will want to take part. As I said before, it is really important that fathers' views are better understood and heard.

What next?

Please give me a ring on **01206 524127** or email me at **j.clifton@uea.ac.uk** and we can discuss any questions you might have in confidence. This doesn't commit you in any way.

Whatever you decide, thanks for reading this.

John Clifton

John Clifton

Research on the point of view of fathers of adopted children
A University of East Anglia research project

UEA University of East Anglia · Centre for Research on the Child and Family

**Are you the father of a child who has been adopted?
If so, I would like you to help with my research. By helping me, you could help other birth fathers of adopted children in the future.**

What's the project about?

There have been quite a few studies of the points of view of **mothers** whose children have been adopted. But we don't know much about how **men** think about their child's adoption. They have often been left on the margins.

What I want to do is to interview a number of fathers to find out what are the important issues for you.

This is your chance to say what you feel about your child's adoption. What you say could help make services for you and other fathers more useful in future.

About me

My name is John Clifton and I am a PhD researcher working for the Centre for Research on the Child and Family at the University of East Anglia.

Research on the point of view of fathers of adopted children
A University of East Anglia research project

Appendix 9
Briefing information for potential referring agencies

Birth fathers' perspectives on the adoption of their children from care study: Information for contact agencies.

Dear colleague,

My name is John Clifton and I am a PhD researcher at the Centre for Research on the Child and the Family, University of East Anglia. I am writing to you because you may be in a position to put me in touch with men who could be part of the study sample for this project.

Very briefly, I plan to carry out in-depth interviews with 20 fathers of children who were adopted from care in the last ten years. I am interested in meeting a variety of fathers (various ethnicities, ages, family situations, locations etc).

I have set out below-
- ✓ Why the focus on birth fathers,
- ✓ What I hope to achieve in relation to birth fathers,
- ✓ What came out of the 2007 pilot study,
- ✓ Who I want to interview,
- ✓ What would be involved for a birth father in taking part in the study,
- ✓ What would be involved for you in putting me in touch with a possible participant,
- ✓ What safeguards are built into the study and
- ✓ How the findings will be disseminated.

This is only a summary of the project.
You can find
- ✓ a full version of the research proposal,
- ✓ my CV and
- ✓ a PowerPoint presentation of the pilot project which informed the research design.

on my University of East Anglia webpage at
http://www.uea.ac.uk/swp/people/jclifton

If you have any queries, please feel free to contact me as follows:

By letter:
John Clifton
PhD researcher
Centre for Research on the Child and the Family
Faculty of Social Sciences
Elizabeth Fry Building
University of East Anglia
Norwich
NR4 7TJ

By email:
j.clifton@uea.ac.uk

By phone:
01206 524127

Thanks for your attention and I hope we will be in touch soon,

Best wishes,

John Clifton

Why the focus on birth fathers?

Most parents of children adopted from care oppose their child's adoption. Because of this, social workers understandably find it difficult to engage parents in the process of adoption planning.

Birth *fathers* have proved particularly difficult to engage and this generation of birth fathers is more socially marginalised, harder to reach, and is, by reputation, both troubled and troublesome for their children and to welfare agencies.

But for those children requiring adoption, the birth father's role is still important in promoting a strong sense of identity. In relation to *future* children of this vulnerable group of fathers, the aim is to engage more successfully with them so that fewer children need to be looked after by local authorities. And fathers have the right to be considered as service users in their own right.

Finding out more about father perspectives is a key to targeting future research, provision and practice development.

What I hope to achieve in relation to birth fathers

I aim to elucidate birth fathers' perspectives regarding the adoption of their children, their hopes and feelings about their children, their perceptions of themselves as parents, their feelings about future contact and other related issues.

I hope that the study's findings will:
- ❖ help professionals to better understand the perspectives of fathers during family support and child protection activity;
- ❖ inform new ways to engage fathers in the child protection process.
- ❖ challenge stereotypical thinking about this group of fathers enabling more differentiated thinking.
- ❖ enable adoption agencies to make better use of the potential birth fathers have to enhance their children's lives.
- ❖ inform discussion as to how to offer these birth fathers adoption support services in ways most likely to be useful to them.

What birth fathers said in my 2007 pilot study

My study will build upon a pilot study I carried out during 2007 when I interviewed five fathers who had lost their children to adoption.

These were the tentative findings:
- ❖ These fathers experience an acute and continuing sense of loss and worry about their child;
- ❖ They felt overwhelmed and disadvantaged by the assessment and court process in care proceedings;
- ❖ Several were strongly focussed on the possibility of meeting their child again when he or she attains adulthood;
- ❖ They have a range of rationalisations and coping strategies to help them make sense of what happened and live day by day. However, they have many unresolved adoption related issues, which affect their children and their lives after adoption;
- ❖ Persistence is needed to reach these fathers. They find a conventional counselling service irrelevant to them. They are more likely to value a service that starts with practical aims and offers the chance to meet other fathers in the same situation;
- ❖ Once the initial hurdles of making contact with them had been overcome all fathers proved keen to tell their stores and convinced that it was a perspective that was not usually heard.

Who I want to interview?
- ✓ 20 birth fathers;
- ✓ From varying backgrounds (ethnicity, age, geographical setting etc);
- ✓ Each of the informants will have lost a child to adoption from care (either via care proceedings or accommodation);
- ✓ The adoption will have taken place within the last ten years.

The interviews will be:
- ✓ Semi structured in-depth interviews;
- ✓ Lasting for between one and two hours;
- ✓ Audio recorded;
- ✓ I will wish to return to re-interview *some* of them on a second occasion with follow up questions.

What is involved for a birth father in taking part in the study?

If fathers agree to take part:

- ❑ I would meet them for the interview at a place convenient for them where discussion is possible without interruption.
- ❑ The meeting will probably last between one and two hours.
- ❑ If the participant did not wish to answer a particular question or wanted to leave the study at any time that would be respected without question.
- ❑ With very few exceptions (to do with danger to anyone) what participants tell me will remain confidential.
- ❑ I will audio record the interview.
- ❑ When transcribing and subsequently using the data from the interview, I would protect the participant's anonymity.
- ❑ Each participant will be given £15 for taking part in each interview.

What would be involved for you in putting me in touch with a possible participant?

This will depend upon the contact that you or your organisation has with birth fathers. The way contact is made with prospective participants is likely to vary according to the nature of the contact you have with birth fathers and of your agency.

I would want to discuss with you how best potential participants could be invited to take part in the study through your agency in a way that minimises extra tasks for you and meets the study's objectives to include a diversity of fathers in the study.

In the subsequent research reports I will anonymise not just the fathers' identities but also those of the contact agency.

What are the safeguards?

The School of Social Work and Psychology Ethics Committee at UEA has already approved the study. If your organisation has a research governance framework requiring approval before research is undertaken, then I would submit an application if required.

The full research proposal describes ethical safeguards built into the study on matters such as confidentiality. I will be supervised throughout the study by an experienced team of researchers led by Dr Beth Neil.

How will the findings be disseminated?

I will write a short summary of the study. I will send this to all research participants and referrers who would like to receive one.

Also, I intend to present the main results to interested groups and I hope to publish the results of the study in journal articles.

Appendix 10
Interview schedule

Introduction

❖ Welcome
❖ interview will probably last about 2 hours. I want to make sure you've said everything you want
❖ If there's anything that you don't want to answer that I ask and you're not comfortable with just let me know and we'll move on. You don't have to talk about anything you don't want to.
❖ Everything you say will be kept confidential.
❖ So I wont pass on what you say to anybody else, and in anything that I write up I will change all the details so nobody would know that it was you or where you live and that kind of information.
❖ We can take a break whenever you want
❖ I will send you a copy of the interview transcript and I'll say a bit more about that afterwards
❖ Sometimes these interviews raise questions for people about how to get help with contact and other issues. If you're concerned about something, we can discuss it afterwards and see if I know what kind of help or advice might be on offer
❖ There's also a few factual questions I have which will help me put what you have said in perspective. Quite a few of these questions you will have answered already and we can skip over those, but this is to make sure I haven't missed anything important. Is that OK?
❖ Any worries before we start?

Topic areas for interview

CHILD First, could you tell me about your child who was adopted? What is his name? How old is he now? How old when taken away from you? When was that?

CONCEPTION Thinking back to when you first knew that your child was on the way, how did you hear about the news?
How did you feel about it?
What else was going on for you and you child's mother at the time?
Explore planned or not; welcome or not; context of relationship ; living arrangements; birth; parental responsibility? Other family member and friends views, support; challenges to parenting; health issues
Some fathers have been telling me that the circumstances of their child's conception were a tricky issue in their relationship with their child's mother.....Would you agree with that? Upack.....

ROLES AS FATHER: What roles did you take in relation to your child? How did your life change when your child was born What did being a dad to you child *mean* to you at the time. Some have mentioned feeling a very close bond with their son/ daughter when they first saw them- some less so? How did you feel? What why when how etc

SAFETY WORRIES? When did you first realize there was a worry about your child's welfare? How did that come about? Unpack context and father's response/ role/ identity in the situation. Reasons for adoption - how and why the child was adopted from father's point of view. Some people seem to feel very angry with SOCIAL SERVICES about what happened. Others don't. How did you feel about it?

ADOPTION PROCESS Involvement in adoption process - including family support, care proceedings, contact, planning, meeting adopters etc. How does he feel about the adopters?

IMPACT Impact of adoption on him - at different points in time - then and now. Explore different aspects: health, relationships, sense of self as father; man; work; expectations outlook; feelings of constraint; having more children?

COPING NOW- Do you think the adoption has affected you and if so, how? Functioning: thoughts and feelings. What helps you cope with what has happened?
What do you think is your role as a father now?
Ongoing involvement with child - role and relationship - what are contact plans, what does father think and do about these?
Some dads seem to be very conscious about what other people may say about them as a result of their child being adopted. Others aren't so bothered. Where do you stand on that?

How does he anticipate this working out in future? How does he feel about his child's future?
Support - what did he have, what did he need? What would he recommend? Some people seem to have had no support and they don't seem to see the need for it. Others seem to have had some support and value it. How do you see it?

Attributes questionnaire
Complete with participant.

After the interviews
❖ How participant felt/thought about the interview
❖ Pick up on any participant issues concerning need for advice, adoption support etc and suggest ways of referring on.
❖ Finally….

Would you like to have a transcript?	
Would you like to receive a copy of the report?	
Hand £15 in addressed envelope	

Appendix 11
Field notes

In order to preserve participant anonymity, I have edited the format for my field notes so that each heading features a different participant.

Observations:
Circumstances/limitations/constraints to interview?
The interview was conducted in the participant's flat. At the beginning of the interview there were several interruptions involving the mobile phone. Eventually the participant apologised for using the phone and turned it off. Then a call came through on the landline which the participant ignored. In addition to this, the participant's ex-partner knocked on the door on two occasions during the interview.

Surroundings?
A 1950s council estate. The family live on the first floor of the house consisting of two flats. Threadbare cluttered furnishings. Children's photos on the shelf. Dusty windows looking out on a row of poplars at the back. Two large TV screens which remained on but turned down during the interview. Outside: children playing in the street; cars parked; untended front gardens. A sense of it being no one's space. This was a large estate on the edge of the main road going into [large city]. There were a few shops. No sign of a park in this part of town although there was a very fine one on the other side.

Mood–sub intentional actions–tone of voice–emotional quality etc?
It is very striking that when I ask T anything at all emotionally demanding, his face is blank and he stares in an unfocused way into the middle distance. Then, many seconds later, comes tentative speech–silence–more tentative speech. This perhaps two or three times maybe before he lapses into silence. A little eye contact and a smile or two towards the end but overall impression is of a brooding, distracted, preoccupied presence. I also notice his physical slowness. Occasionally he gets out and moves towards the window extricating a rollup which I don't recollect him ever lighting. I note two large linear scars (old knife wounds?): One on his left cheek; one on his left jaw. Not clarified but suggests previous fights which indeed supports his account in the interview of being involved in violence in his teens.

Appendix 12
Examples of open code definitions

These are some typical code names and definitions. The list includes open codes, higher level codes and some invivo codes.

All this comes back to bite me on the backside (*invivo* code). This codes the birth father's perception of innocent statements made for genuine reasons which, when quoted out of context have been used against him to attempt to put him in a bad light.

Beating yourself up. This codes the birth father's preoccupation with himself as unworthy in relation to his children and other perceived failures in his life. This codes the birth father's intense preoccupation with the failing self rather than the person or persons he has failed.

Being shamed. The experience of public humiliation and persecution that arises from any aspect of the subject's involvement in the child's conception, birth, care status or subsequent adoption.

Being unable to keep ssd out. This codes the birth father's experience that once social workers are involved, they don't go away and you cannot get rid of them much as you would like to. The feeling is of a chronic infestation.

Biting your tongue. This codes the birth father's stopping himself from saying hard things which he perceives to be true about his partner but which he refrains from saying out of consideration or fear of the consequences.

Blaming others to justify self. In this code the birth father's seek to manage shame and guilt by apportioning blame and stigmatised status to other people who either are the real villains or are worse than they are thus justifying their position.

Constructing reform narrative. This codes the birth father's attempting affirm his current moral good character following previous moral lapse by reform narrative.

Feeling child must condemn him. This codes the birth father's feeling that his child must think of him in a condemnatory way corresponding to his own sense of himself as failed and unworthy as a man and a parent.

Feeling humiliated by social workers. This codes the birth father's perception that the social workers and their department are acting towards them in a high handed way which shows them no deference as parents, threatens the social bond and leaves them feeling disempowered and humiliated.

Fuckin irresponsible. This *invivo* code denotes the subject's extreme annoyance that he or others conceived a child without thinking about the consequences.

Maintaining the moral self. This codes actions and narratives which tend to maintain that the birth father is currently a good person in spite of accusations, stigmatisation, and convictions in past or present.

Not feeling entitled to bounce back. This codes the birth father's feeling that he deserves not to be free of pain and unresolved grief following the loss of his children.

Operating by caveat emptor. This codes the birth father's attitude to all authorities in the light of the cp/adoption experience: Be very sceptical of everything said and promised, don't trust, keep power in the relationship by amassing evidence.

Perceiving the system stacked against you. This codes the birth fathers attempts to organise their observations of social workers, the SSD and how they have interacted with the bf and his family to make diverse observations about how they think social workers and SSD work.

Sensing loss through the behaviour of others. In this the birth father feels and perceives the finality of loss which he is attempting to deny, avoid or postpone through the reactions and messages of others.

Appendix 13
Table 2: Participants' demographic data

	Age (years)	Ethnicity	Location	Employment
Participa				
1	40	WB	E	Unemployed
2	35	BB/AC	LSE	Full Time Paid
3	42	WB	E	Full Time Paid
4	35	WB	N	Full Time Paid
5	33	WB	N	Voluntary work
6	34	WB	N	Unemployed
7	28	WB	LSE	Unemployed
8	33	AA	LSE	Part time paid
9	30	WB/T	E	Unemployed
10	56	WB	M	Unemployed
11	22	WB	LSE	Unemployed
12	51	WB	LSE	Unemployed
13	50	AC/Ch/WB	LSE	Unemployed
14	58	B/I	LSE	Full Time Paid
15	44	WB	LSE	Voluntary work
16	47	WB	N	Unemployed
17	39	WB	M	Full Time Paid
18	34	WB	M	Unemployed
19	35	WB	LSE	Unemployed
20	31	WB	W	Part time student

The table is headed: *Participants age, ethnicity, location and employment*

Appendix 14
Figure 7: Histogram of participant ages (years)
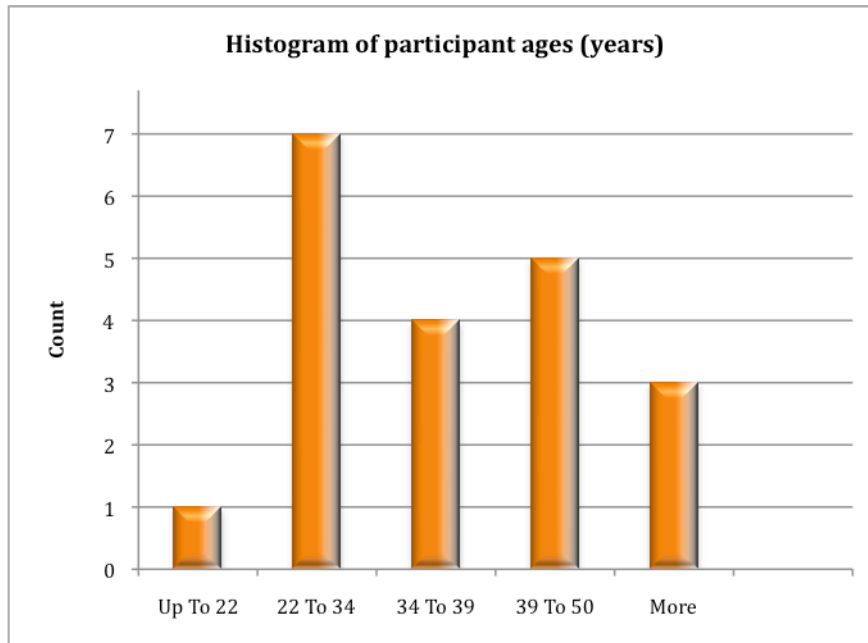
Appendix 15

Table 3: Comparison of conception categories (adapted from March-Augustine et al 2009): Percentages

Conception category	March-Augustine et al (2009) sample % (N=171)	This study sample % (N=20)
"Accidental"	17	20
"Just not thinking"	47	45
"Unplanned but not unexpected"	15	20
"Planned"	15	15

Appendix 16
Figure 8: Years elapsed since target child adopted

Years elapsed since child placed for adoption/ adopted
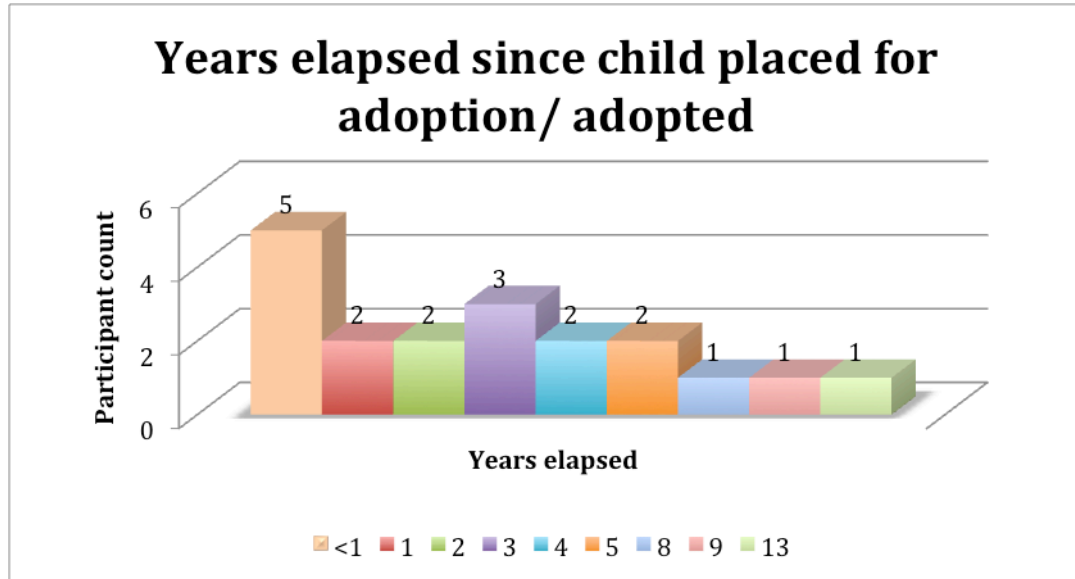
Appendix 17
Figure 9: Participants' parental responsibility status

Participants' parental responsibility status (N=20)
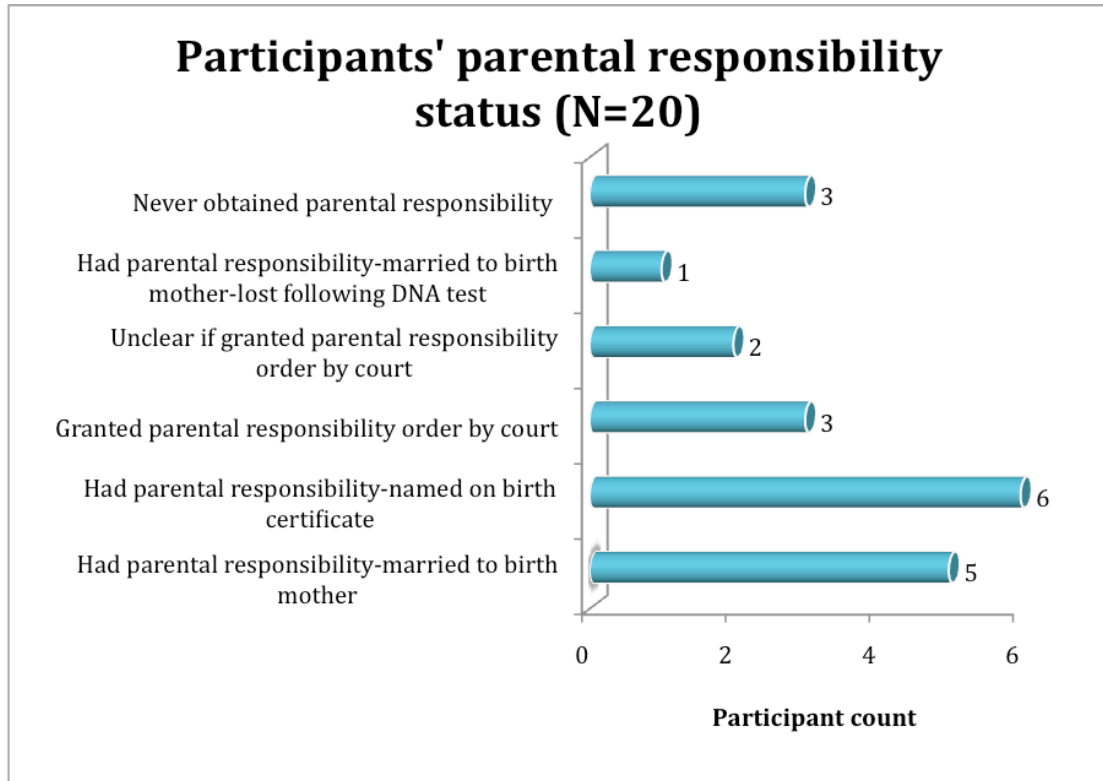
Appendix 18
Table 4: Participants' attitudes to child protection/ adoption crisis (adapted from Neil et al., 2010)

Participants' attitudes to child protection/ adoption crisis		
Categories (adapted from Neil et al 2010)	A) Participants' predominant attitude (count) n=19	B) Participants' subsidiary attitudes where stated
1 Birth father refusal to acknowledge child care issue	4	2
2 Birth father blames another person for issue	1	6
3 Birth father admits to domestic issues but disagrees with official view that the child is suffering as a result	6	3
4 Birth father admits that the child is suffering and agrees to adoption	3	0
5 Birth father acknowledges danger to the child but feels that adoption was unjust or needless	5	0

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