RELATIONSHIPS WITHIN THE TRANSRACIALLY ADOPTED CHILD'S BIOLOGICAL FAMILY IN SOUTH AFRICA: EXPERIENCES OF FAMILIES IN CLOSED AND OPEN ADOPTIONS

Jean Luyt[1.1] & Leslie Swartz[1.2]

[1.1] *Stellenbosch University, Deparment of Psychology, Stellenbosch, South Africa*
https://orcid.org/0000-0002-1162-2812 jean.luyt@newlandstherapycentre.co.za

[1.2] *Stellenbosch University, Deparment of Psychology, Stellenbosch, South Africa*
https://orcid.org/0000-0003-1741-589 lswartz@sun.ac.za

ABSTRACT

Socio-economic and cultural circumstances in South Africa impact on why people place children for adoption, and affect the attitudes towards the biological family, as well as communication and contact between the adoptive and biological families. No research on contact between adoptive and biological families of transracial adoptees has been conducted in South Africa. This exploratory research investigated the attitudes towards biological family and how adoptive families manage communication about and contact with the biological family in closed and open adoptions. Snowball sampling was used to recruit 26 transracial adoptive families with a total of 35 adopted children. Data were gathered through family interviews and focus groups, using the FANI interview method and thematically analysed, using an inductive, iterative approach. Results highlight challenges and tasks for adoptive families, including (1) sharing information about biological families; (2) creating connections with community and culture associated with biological families; (3) communication with biological families; and (4) in-person contact with biological family.

Keywords: biological family; qualitative research; South Africa; transracial adoption; transracial adoptive families

INTRODUCTION

Transracial adoption is the adoption of a child by parents of a different race to them (Samuels, 2009; Treitler, 2014), and can occur in national and inter-country adoptions (Fong *et al*., 2016; Raleigh, 2018). Research into transracial adoption has developed in high-income countries such as the USA, UK, European countries and Australia, and has been primarily

focused on international adoptions, with very little research available about this phenomenon in South Africa (Baden & Javier, 2010; Luyt & Swartz, 2022a).

The act of adoption inextricably and permanently joins the adoptive family and the biological family of the adopted child (Brinich, 1990; O'Halloran, 2015 Rampage *et al*., 2011), regardless of whether the adoption is open or closed. Managing the relationship between these two families, whether symbolically in the minds of the adoptive family or by means of in-person contact with the biological family, is one of the most complex and challenging tasks that the adoptive parents face (Colaner, 2022; von Korff, Grotevant, Koh & Samek, 2010). How well adoptive parents manage this task has important implications for adoptees' wellbeing and identity formation (McGinnis, 2021; Ranieri *et al*., 2022: von Korff *et al*., 2010). The racial differences between the family members in transracial adoptive families makes managing this relationship more complex (Samuels, 2022), especially in South Africa, with its history of racism and racial segregation (Luyt & Swartz, 2022a). For this reason, researching the attitudes of the adoptive family towards the biological family, and the experience of contact between the adoptive and biological families of transracial adoptees, regardless of the level of contact, has a particularly significant impact on recommendations for the practice of adoption in South Africa.

HISTORY OF TRANSRACIAL ADOPTION IN SOUTH AFRICA

Transracial adoption has been legal in South Africa since 1991, when legislation preventing children being placed in families with a different racial classification was repealed (Bosman-Sadie *et al*., 2013, Ferreira, 2009; Louw, 2017). South African is a "sending country" for international adoptions, and transracial adoptees in South Africa are thus predominantly South Africans adopted in national adoptions. Transracial adoption was very controversial at the time it was legalised, with legal experts expressing diverging attitudes towards it, (Church, 1996; Ferreira, 2009, Mosikatsana, 1995, 1997). The public is generally positive towards the practice, although Black Africans tend to have a less favourable view of adoption, particularly transracial adoption (Gerrand, 2018; Gerrand & Nkomo, 2021; Gerrand & Stevens, 2019; Gerrand & Warria, 2020; Luyt *et al*., 2022; Moos & Mwaba, 2007; Tanga & Kausi, 2017). Limited research on attitudes of adoption practitioners indicates that they are generally positive towards transracial adoption and see it as the de facto form of adoption for all unrelated national adoptions (Luyt & Swartz, 2022b). However, there is some evidence that Black social workers are less in favour (Tanga & Kausi, 2017) and it is rarely used to place abandoned children (Doubell, 2014). The number of transracial adoptions made up 40% of all national adoptions in the period 2013 to 2021 and accounted for 521 adoptions in 2021 (Luyt & Swartz, 2023).

RELATIONSHIP BETWEEN THE ADOPTIVE FAMILY AND THE BIOLOGICAL FAMILY

South African legislation makes provision for both open and closed adoptions, described as disclosed and non-disclosed adoptions (Bosman-Sadie *et al*., 2013; Louw, 2017). In South Africa most placements occur in infancy and this form of adoption is generally non-disclosed. Placement in childhood represents a smaller proportion of placements, and these placements

sometimes include contact with biological family, which can be formalised by means of a post-adoption agreement (Bosman-Sadie *et al*., 2013). Given these two forms of adoption, and the variety of ways in which post-adoption agreements can be structured, interactions between the adoptive family and the biological family can occur both symbolically and in person, and both impact on the development of the adoptee. Internationally, the recent growth of open adoption has increased contact and communication between adoptive parents, adopted children and their biological families (Gross, 1993; Hollingsworth, 2014; Rampage *et al*., 2011, Reamer & Siegel, 2007; Sales, 2015; Walker, 2015).

The biological family, especially biological mothers, hold a very special place in the minds of adoptees (McGinnis, 2021; Verrier, 1994). Some adoptees also fantasise about biological fathers, siblings and other family members. For adoptive parents, the subject of the biological mother is also significant. Being able to think of the child as belonging to two families requires the adoptive parents to have confidence in themselves as parents (Steinberg & Hall, 2013; Walker, 2015). Thinking about the biological mother is particularly difficult for adoptive mothers soon after placement, when they worry about interference from the biological family and even having to return the child to their biological mother (Högbacka, 2017). South African legislation allows the biological family 60 days in which to withdraw the consent to adoption; the adoptable child is most often accommodated in a temporary place of safety during that period (Bosman-Sadie *et al*., 2013; Louw, 2017). Sometimes adoptive parents also direct their fantasies about the biological parents, especially negative ones, towards the adoptee (Brinich, 1990). It is important for the adopted child that the adoptive parents can regard the biological family in mind in a positive way, regardless of the feelings they may have about the biological family (Archer, 1999). For some biological mothers, post-adoption contact provides some relief to grief, while for others contact has kept the pain of loss ever present (Chapman *et al*., 1986; Hollingsworth, 2014).

Where there is some information about the biological family of the adopted child, communication and contact with the biological family can take place to varying degrees and at various stages of the adoptive family life cycle. Communication and contact with the biological family give the adoptee a better sense of genealogical connectedness (Barn & Mansuri, 2019; Sants, 1964); this can help adoptees to mourn the loss of the biological family and mitigate their sense of being unlovable. It can also increase a sense of belonging to the adoptive family, if the biological family can give the child permission to attach to them (Walker, 2015). Communication and contact can assist in allaying the fears of the adopted children and allow them to find answers to some of their questions (Burnell, 2003). Post-adoption contact can be particularly helpful for older children, who are already being fostered when placed for adoption and it is encouraged in South African legislation (Bosman-Sadie *et al*., 2013; Louw, 2017).

Contact and communication with biological families is significantly impacted by the large power differential between adoptive families and biological families, in terms of financial resources and negative societal attitudes towards biological mothers (Blackie, 2017; Ellerby, 2018; Hollingsworth, 2014; Weinreb, 1991; Weinreb & Murphy, 1988). There is evidence that contact in the early years of placement may be complex, but that the effort is worthwhile

for the advantages achieved in the adolescent years (Walker, 2015). Where non-biological siblings are placed with the same adoptive family, different contact arrangements may be possible with different children, which needs to be managed well by adoptive parents (Burnell, 2003).

Searching for biological family in adulthood is a normative event in the life of the transracial adoptee (Baden & O'Leary Wiley, 2007; Frasch & Brooks, 2003; Hajal & Rosenberg, 1991; Müller & Perry, 2001; Steinberg & Hall, 2013; Verrier, 1994; Wrobel *et al*., 2004). Searching for biological family members has become more common recently and often supported by adoptive parents (Godon *et al*., 2014). The desire to search is not primarily motivated by poor family relationships or psychological maladjustment; even well-adjusted adoptees may desire to search (Baden & O'Leary Wiley, 2007; Barn & Mansuri, 2019; Godon *et al*., 2014; Müller & Perry, 2001). However, the idea of searching for biological family is often anxiety-provoking for adoptees and some fear rejection from the biological family (Verrier, 1994). The time that it takes to conclude the search varies, depending upon the difficulty of the search and the efforts of the adoptee (Kirton *et al*., 2000). Searching for and contacting biological families is more complicated for many transracial adoptees, especially if the adoption is international and there is a language difference between biological and adoptive families (Fiorentino, 2017, 2022; Godon *et al*., 2014; Shin, 2013). Information gained from the adoption agencies may exacerbate anger towards biological parents, especially where the adopted person feels singled out, or when the rejection is clearly related to racism (Kirton *et al*., 2000). The responses of adoptive parents to their adopted child's searching for biological family varies widely, from the supportive to the indifferent to the openly hostile (Kirton *et al*., 2000). Feelings of loyalty to the adoptive parents can deter adoptees from searching (Hajal & Rosenberg, 1991), and some adoptees wait for the death of an adoptive parent before searching (Kirton *et al*., 2000). Adoptive parent support increases good adjustment (Rueter & Koerner, 2008). Where reunion happens, the responses from biological family members could range from warm welcomes to cold rejection (Kirton *et al*., 2000).

Provision has been made in the South African Children's Act for contact with the biological parents to be maintained, either by communication or in-person visits, if agreed to by adoptive and biological families (Bosman-Sadie *et al*., 2013; Louw, 2017, Republic of South Africa, 2006). Even if the families agree to no contact, non-identifying communication can be shared by the adoptive family and biological family, or left with the adoption agency for the adoptive child to retrieve when legally permitted to do so. No research has been conducted on the practice of managing the relationship with biological families of transracial adoptees in South Africa, while research on the characteristics, preference or outcomes for biological mothers who place their children for transracial adoption is limited internationally and almost non-existent in South Africa (Blackie, 2017; Högbacka, 2016; Mkhwanazi *et al*., 2018).

The opportunities and choices of biological parents facing crisis pregnancies are framed by the political, economic, social and cultural macrosystem (Hollingsworth, 2014; Sisson, 2022) and socio-economic and other factors specific to South Africa impact on biological parents' ability or wish to care for their children (Luyt & Swartz, 2022a). These features include inequality, poverty (Hall & Sambu, 2018; Högbacka, 2016; Mkhwanazi *et al*., 2018),

unemployment, lack of access to services, lack of availability of housing, malnutrition (Chikadzi & Pretorius, 2011), poor health, HIV/AIDS (Högbacka, 2016), lack of social support (Mkhwanazi *et al*., 2018), unwanted pregnancies, shame associated with unplanned pregnancy, single parenthood and illegitimacy (Hall & Mokomane, 2018; Mokomane *et al*., 2012), unsafe and late abortion, post-partum depression, violence against women, paternity denial and absentee fathers (Gallinetti, 2006; Morrell & Richter, 2006), the child having been conceived as a result of coercive or exploitative sexual encounters, teenage births, drug and alcohol abuse, migrant labour, urbanisation, illegal immigrants and xenophobia (Sichone, 2008).

In such circumstances, pregnant women weigh the possibility of raising this particular child against the possibility of the survival of themselves and other children (Blackie, 2017; Högbacka, 2016). Many biological mothers in South Africa are struggling financially, do not have secure accommodation, and are already overburdened by responsibilities towards other children or close family members, or trying to pursue education as a way out of poverty (Högbacka, 2016). Some biological mothers are in South Africa illegally and are sending whatever money they can back to families in other Sub-Saharan countries (Högbacka, 2016). Support from the biological father of the child is dependent on the quality of his relationship with the biological mother (Högbacka, 2016). Although the rights-based legislative framework has increased the rights of the biological father (Gallinetti, 2006; Heaton, 1989; Mosikatsana, 1996), South Africa is known for a lack of paternal support for children (Lesejane, 2006; Morrell, 2006; Ramphele & Richter, 2006). In making placement decisions, mothers feel their responsibility is to make sure their children's needs are met, or to give them opportunities, even if that means separating from their child (Högbacka, 2016). Many biological parents do not feel they have placed their child for adoption voluntarily, but rather that they are not able to care for their children or are under pressure from external sources (Ellison, 2003; Grotevant & McDermott, 2014; Högbacka, 2016, 2017). In accordance with local cultural beliefs, the child continues to be regarded as part of the kinship system and biological mothers do not necessarily regard their maternal role ending with the placement and some imagine that they could be reunited with their children in the future (Blackie, 2017; Högbacka, 2016).

The realities that biological families face impact on their experiences and the relationship that can develop between them and the adoptive family over time. For example, where an adopted child has been abandoned, which is very common in South Africa (Blackie, 2017; Van der Walt, 2018), information about the biological family is inevitably limited, and communication and contact are impossible.

This study reports on the experiences of transracial adoptive families in managing relationships with the biological families of their adopted children, which forms part of a study on the experiences of transracial adoptive families in the Western Cape province of South Africa, and outlines their attitudes towards and practices employed to manage that relationship.

METHODOLOGY

Research question

Managing the relationship with biological family, both symbolically and in-person, is a significant task in the life cycle of the transracial adoptive family. The research question is "What are the experiences of transracial adoptive families navigating relationships with the biological family of the adopted children?" This study reports on the experiences transracial adoptive families face in managing this relationship which emerged from a qualitative research project investigating the experiences of transracially adoptive families in the Western Cape province of South Africa.

Participants

Snowball sampling was used to access the transracial adoptive families included in the research (Bell & Nutt, 2012; Birch & Miller, 2012; Toy-Cronin, 2018). A total of 26 families participated, with a total of 31 adult participants, of whom 25 were women and six were men. Some (15) families had only adopted children, while others (11) had adopted and biological children. Families had a range of one to three adopted children. Most (18) families had one adopted child, seven had adopted two children and one family had three adopted children. There was a total of 35 adopted children in the families interviewed.

Closed adoptions, where identifying details of adoptive family and biological family are not shared with each other, are more common in South Africa. This is particularly the case in infant adoptions where there was no connection with the biological family before placement and most of the participating families did not have direct communication with the biological family. The majority (21) of the 26 families in the sample had closed adoptions, in which only non-identifying details were shared at the time of the placement, and no direct contact between adoptive family and biological family was permitted. Four families in my sample adopted their children later, after formally or informally fostering them, and they tended to have more information about and contact with biological families and communities of origin. Only one family in my sample had intentionally gone into an open adoption with the biological family of a child adopted in infancy. The nature of the sample limits the possibility of commenting on the experiences of contact, and results are skewed towards symbolic connections rather than in-person contact with biological family.

Procedure

The data were gathered between December 2019 and August 2021 through audio recorded family interviews and focus groups of adoptive parents. There was a period in which the data gathering was paused as a result of a moratorium on in-person data collection, because of COVID-19 pandemic, after which on-line interviews were used instead of in-person interviews. Interviews and focus groups were conducted by the researcher and a research assistant (a trained and experienced clinical psychologist), using the Free Association Narrative Interview (FANI) method (Hollway & Jefferson, 2000). The FANI method, an unstructured narrative approach, allowed the research participants freedom to describe their experiences in any way they chose. The researchers provided as little direction as possible

after framing the initial question. The family interviews related to the experiences of the transracial adoptive family broadly. The focus groups were loosely themed around becoming a transracial family; how race and the transracial nature of the adoption impacted on the family; the impact of legal and policy framework on the transracial adoptive families; experiences of being a transracial adoptive family; experiences of having both biological and adopted children; and the experiences of transracial adoptive fathers. Each of the family interviews and focus groups was audio recorded and transcribed.

Analysis of the data involved a thematic analysis of the content. There was no prior coding method and themes were not specified before analysis. After the interviews were transcribed, the transcriptions were read several times, and data were analysed according to an iterative coding process in which the themes that emerged from each reading were used to code the data in subsequent readings. This inductive approach generated a rich, detailed and nuanced understanding of the data that emerged (Erickson, 2018; Frosh & Saville Young, 2017; Hollway & Jefferson, 2000; Meadows & Morse, 2001; Morse, 2018; Willig, 2008). Psychological interpretive strategies were used to engage with emotions that might have driven certain discussion (Davies, 2010; Elliot *et al*., 2012; Frosh & Saville Young, 2017; Lorrimer, 2010). For this study, all comments in all family interviews and focus groups which related to the biological family were examined. Themes included the attitudes that adoptive families had towards the biological family, how they spoke about biological family – both with their adopted children and the interviewer, how the family thought about the possibility of contact with the biological family, what contact existed with the biological family, and how this contact and communication were managed. Once themes were identified they were reported in line with the life stages of the transracial adoptive families. Different opportunities for communication and contact with biological families and different challenges to the adoptive families emerged at different life stages.

Compliance with ethical standards

Ethical clearance for this research was granted by the University of Stellenbosch Research Ethics Committee for Social, Behavioural and Education Research (REC: SBER, Project reference number 9227). Many ethical aspects related to the research were taken into account, including possible conflicts of interest inherent in the relationships between researcher and research participants, as well as the community being researched.

Transracial adoptive families in the study participated voluntarily. They were given detailed information about the research and informed consent was provided in writing based on the information provided to them. They were permitted to withdraw from the research at any time if they so decided. The participants were assured of anonymity in their participation and in the reporting of results. Identifying details were removed and participants were identified only by means of their role, such as adoptive mother, or adoptive father or adopted child. Supportive counselling was offered to all, if their participation caused them distress in any way. None took up the offer of individual debriefing, while a few joined the adoption support groups that were offered.

As an insider in the field, both as an adoptive mother and a psychologist offering support to the adoption community, it was essential to take into account the impact I had on my participants and the research process and results, as well as the impact the research had on me (Cannella & Lincoln, 2018; Denzin & Lincoln, 2018; Erickson, 2018; Frosh & Saville Young, 2017; Hollway & Jefferson, 2000; Stamenova & Hinshelwood, 2018; Willig, 2008; Willig & Stainton-Rogers, 2008). I was able to use adoption-related networks I am involved in to recruit participants, but I made sure that the recruitment for research did not impact on my current clients. I used a research assistant to assist conduct the family and focus group interview to reduce the impact of my own experience on the data gathered, and reflected on my own experiences relative to those of participant in the analysis phase.

RESULTS

The findings of this research indicate that adoptive families generally find it very challenging to create and maintain relationships with biological families of their adopted children. This is particularly significant given how many children in South Africa are adopted after abandonment, rather than consented adoption (Blackie, 2017). Most placements are closed adoptions, and any contact with the biological family of the adopted child takes place only where children have been placed later in life, and where there is an existing relationship with the biological family.

In this section I report on three ways in which adoptive families engage with the biological families of their adopted children, namely sharing information about the biological families, communication with the biological family and in-person contact with the biological families. The relationship with the biological family of the adopted child is, of necessity, managed differently across the lifespan of the transracial adoptive family. I will outline each of these methods over the lifespan of the adoptive family.

Sharing information about the biological family

Families in the sample had access to information about the biological family, even if the adoption was closed. At the matching phase, prospective adoptive parents were given information about the biological family of the child they could adopt. Some families were told the first name of the biological mother, but not her surname, while others had all the identifying details, including an identity number. Information shared about the biological mother included her age, her life circumstances, the existence of other children, the circumstances of conception, and why the child was placed for adoption. In most cases, more information was known about the biological mother than the biological father. Adoptive families found this information useful to share with the adopted child and could help them piece together their identity:

> Adoptive father: *And then you sit there* [at the adoption agency] *for almost two hours with them* [adoption social worker] *telling you this story* [of the biological family]*, and only right at the end you get to see a picture* [of the adoptable child]*. It's very important that that, that part of my son's life is not erased.*

In those circumstances where information was lacking, such as when the child is placed for adoption because of being abandoned, adoptive parents could infer details about the biological family and reasons for placement, based on information about where the child was found and the child's health status. For example, when a baby had antibodies for certain illnesses, such as HIV, it could be assumed that the mother had those illnesses, which may have led her to believe that she could not take care of the baby. These details could be shared with the adopted child when they ask questions about why they were placed for adoption.

Some adoptive parents found it daunting to share information with the adopted child about the biological family and the reasons they were placed for adoption. Even when there was no direct contact with the biological family, adoptive parents recognised the importance of not saying negative things about the biological family. Some tried to delay telling their children these details for as long as possible. However, the difference in appearance between the adoptive parents and the transracially adopted child made it impossible to avoid telling the child that they were adopted:

> Adoptive mother: *When the children are little, sort of under the age of 10, their need for, to know where their biological family is, is less. And then as soon as they reach this ten to eleven-year-old threshold, they start asking these awkward questions and having these feelings of "where did I come from?"*

Many of the adoptive parents interviewed described how they have been telling their children about their adoption story, including sharing information about their biological family, the circumstances of their conception, their birth. Some emphasised how they had started these discussions when the child was very young:

> Adoptive mother: *I've already told them, I've told them straight right from the beginning, I wanted them to know.*

> Adoptive mother: *I'm very open with them about that they, you know. My four-year-old knows who her first mom is, has photos of her, knows the whole story. And I'm pretty much very factual about that. I don't fake stories or, or keep things from them, obviously, age appropriately.*

Some adoptive parents made life-story books for their adopted children in which the story of how they were adopted is laid out for the child in age-appropriate ways (Archer, 1999; Walker, 2015). Many used photo albums to prompt discussion about their biological family and the child's experiences before placement, if they had photos from that period. Many adoptive parents found thinking about this quite daunting:

> Adoptive mother: *And I resisted the urge to tell* [her] *things like, like* [that she] *was abandoned. And I have never ever used the word abandoned with her in her entire junior school life. I think she was about twelve or thirteen when I told her exactly what happened, her actual birth circumstance. That she nearly died.… I didn't want her to believe that she was somehow thrown away. Somehow not wanted or whatever. I wanted to protect her from all of that.*

Sometimes children were confused by the explanations as to why they were placed for adoption, as their cognitive development did not enable them to engage with these explanations. Some explanations introduced complications rather than clarity. This happened in one family interview when the child asked what would happen if the adoptive mother did not have money, after they had explained that the child had been adopted because their biological mother did not have enough money to care for them.

In some cases, adopted children were worried about the health and safety of their biological family. In South Africa, given the significant degree of racially skewed inequality, this concern was not unfounded. For one family this was particularly marked during the COVID-19 pandemic, when the adoptive family was able to send food vouchers for the biological mother via the social workers, which was a great relief to the adopted children.

Even where there was no contact with the biological family, the physical features of the transracially adopted children were a link to their biological family, and an important part of racial identity which needed to be managed by the adoptive parents. Some adoptive parents believed that children were not aware of race, transracially adopted children noticed the difference in appearance between themselves and their adoptive families:

> Adoptive father: *They were talking about colours at school, and he said to me, "I'm brown". "[Fluffy toy] is also brown", and he looked at me and said, "and you're yellow". And I said, "Yeah", and then he said, "Mommy's also yellow" and then he ran off. And I think that's the way we'll do it. When he asks something, I'll give him an answer, and then he'll run off.*

Attitudes of the adoptive parents towards the biological family sometimes impacted negatively on the family. Even where there was no contact with the biological family, some adoptive parents were reminded of the biological family through management of the physical, cognitive or psychological challenges which were the result of non-ideal pre-placement experiences, such as exposure to harmful substances or chronic diseases (like HIV) in utero or during childbirth, and traumatic events after birth. In this case adoptive parents sometimes resented the fact that they are forced to manage these aspects and expressed concern about having to tell their children about these consequences.

Connections with community and culture associated with the biological family

Naming is a very important symbolic act in adoption. The privilege of naming a child is the prerogative of parents and represents one way of incorporating the child into the adoptive family. Many adoptive families in the sample used naming as a symbolic link to the biological family, either by keeping a name that the biological family has given the child, or by choosing a name that is associated with the biological culture.

Transracial families sometimes included people in their day-to-day lives as racial mirrors who can act as proxies for the biological family:

> Adoptive mother: *And I encourage that relationship* [with an older Black woman employed by the extended family] *so that he's got a black mother figure in his life, and he can embrace that inside himself.*

Caring for an adopted child's skin and hair presented challenges to the adoptive parents, which led them to feel vulnerable to criticism or feelings of incompetence. For others their inability to care for their children's hair presented an opportunity for their children to experience Black spaces:

> Adoptive mother: *There are certain Black things that I insist on in the family. I've got one child who likes cornrows … I go and find myself a Black person to do the cornrows because they're the only ones who know how to do them properly.*

Some adoptive parents struggled to hold the reality of two families in mind. They denied the existence of the biological family by denying that the child is racially different from them:

> Adoptive mother: *I've really, really struggled with this* [race]. *I think that I'm the same colour as they are, like, I cannot see a difference. I'm not aware of it at all completely. Just oblivious, you know. But it didn't occur to me for one minute that I'm not the same colour as them, that this is clearly apparent, you know, so I just don't even see it.*

Some adoptive parents recognised that transracial adoptive families are at an advantage in South Africa, where Black Africans make up the largest proportion of the population:

> Adoptive mother: *But I do think we're at a huge advantage in South Africa* [compared to the USA] *that we're the minority. We live in a Black country. And if you're just willing to do that little bit of opening up your life, opening up the way you're willing to live and where you're willing to live. We've got a vast amount to offer our kids….. my life definitely isn't "White-washed".*

However, most of the Black people known to middle-class White families were not their peers. They were most likely to be employed by the family, or in positions of service in the community or school. It was also very rare for transracial adoptive families to live in racially diverse areas:

> Adoptive mother: *But finding a good, good place to live in Cape Town can be pretty problematic because it's so racially divided. So, if you're looking for a place that mirrors your child, but isn't in a war zone, it can be, it can be quite tough.*

For some families, shared religion or shared language provided a symbolic connection to the biological family. However, most transracial adoptive families do not learn the language of the biological family of their child:

> Adoptive mother: *We like to call ourselves African, but how many White people can actually speak an African language. We claim ourselves as part of the community and yet, we carve ourselves spaces that only represent ourselves.*

Adolescence is a time when thoughts about the biological family increase as adoptees try to make sense of their personal and racial identity, and integrate difficult parts of their origin story and feelings about their biological family (Brodzinsky, 2011). It is also a time when cognitive development allowed for adoptees in the sample to understand the social and

economic circumstances and the specific history of racial inequality in South Africa which may have led to their biological parents needing to make an adoption plan for them:

> Adoptive mother: *I think it's more important to be talking about the history and why the imbalances are as they are. Why White people have all the money, and the power, and Black people don't. It's not about the colour of your skin. It's about apartheid and White supremacy and how we as White people have built the world and continue to hang on to that power as much as we can.*

Communication with biological family

Some adoptive parents reported being encouraged, in the first two years, to send photos and progress reports on their children to the social workers or the agency that made the placement. This information was shared with the biological family, primarily the biological mother, if they requested it. In some families the communication was reciprocated, with some adoptive families receiving messages from the biological family in response to the messages they had sent via the social worker:

> Adoptive mother: *I would send a little message. This is how* [adopted child] *is doing. He's so cute; he's doing this; and that we love him so much; we're so happy. With pictures. And she would respond, gushing, excited in Afrikaans. It's so nice that we've got the language in common.*

Over time, letterbox contact (Archer, 1999; Walker, 2015) via the adoption agency tended to become less frequent, and families tended to consider the option of their child contacting their biological family once they turn eighteen:

> Adoptive father: *We agreed at the start of the process that if his birth family wanted any information, we would be happy to supply it. I message our social worker. But I'm also quite careful. I used to send quite a few updates, but I don't now unless, unless they* [biological family] *ask, or unless they have a question. I want to do the right thing. But also, I don't want to make it more painful for them.*

In-person contact with biological families

For most families interviewed, contact between adoptive family and biological family was limited. In the sample one adoptive family met the biological mother before placement, so that the biological mother could decide if the family is a good fit for her child. In most cases, however, where the biological mother chose with which adoptive family her child would be placed, this decision was made based on a portfolio prepared by the prospective adoptive family, and there was no contact between the two families before the placement of the child. Only five of the 35 children in the families interviewed had in-person contact with the biological family after placement.

The handover of the child to the adoptive family was a very significant ritual for all families interviewed. In all cases where the biological mother was present at placement, adoptive families reported how meaningful and significant this event was. Being able to meet their child's biological mother and take photographs at the event provided adoptive families with

information to share with their children about their biological families (Rampage *et al*, 2011. It also acts as a significant symbolic permission for adoptive parents to parent their children, which facilitates their feeling entitled to that parental role, which can be undermined in adoptive parents. It also gives the adopted child symbolic permission to attach to their adoptive parents:

> Adoptive mother: *It was probably the most emotional thing I have ever done… it's sad and heart-breaking, but it's also joyous. And you get that sense of closure.*

Some families interviewed had contact with the biological family, especially in cases where the child was adopted from foster care. Some parents described the experience as positive, albeit potentially complex, while other parents held negative views about the biological family and emphasised the need to protect the children from the biological family. These families reported that the biological family did not have the child's best interests at heart, and that contact with the child was driven by financial motives, or that the biological family was dangerous:

> Adoptive mother: *I have a very open adoption with both* [maternal and paternal biological] *families. So, it's very much expanded my family.*

> Adoptive mother: *We are dealing with people that are not intellectually equals. They don't work from the same emotional base. I think we have to deal with them from that perspective. I don't deal with them from a rational or reasonable perspective. I don't want them to be standing on the periphery of* [the adopted child's] *life and constantly interjecting just for the sake of interjecting. They have very little concern for* [the adopted child's] *safety, protection, good education. All those things are left to me. Our job is to protect the child while that child is in our care, okay. And never mind … what the biological family thinks.*

> Adoptive mother: *I'd have to have police standing outside because he* [biological father] *is a hardcore gangster* [and] *could just kill someone.*

In one case where the adoption happened when the child was older, contact was arranged via the social worker, although the child became resistant to continue contact as they became older. In some cases, adoptive parents in closed adoptions have tried to increase contact with the biological family, particularly biological mothers. In general, adoptive parents report that social workers and social work agencies were not in favour of facilitating this contact, given that a closed adoption was the preference of the biological family.

In some families, contact with the biological family was impossible, such as when the biological mother of their child had died, or when the child had been abandoned. For those who were abandoned, never having the opportunity to meet or know anything about their biological family may be difficult. However, some adoptive parents expressed relief that no contact was possible with the biological family, and acknowledged that they find this situation more manageable since the ambiguity or unknown element had been removed from the situation:

> Adoptive mother: *And then also because their mom is dead. There's no chance of them, you know [*meeting her*]. They grieve her, but there is no chance for* [thinking about] *what could have, should have* [been possible]. *So, I think that might be a little easier in terms of emotional stuff.*

While for other families there was hope for more contact even though no information is available about the biological family:

> Adoptive mother: *She is abandoned. And she yearns for, she dreams of, she romanticises meeting her biological parents.*

The possibility exists for adult adoptees to contact their biological families through the agency that made the placement. Only two of the adoptees in the sample were adults, but neither of them had searched and contacted their biological family at the time of the research.

Some adopted families with more than one adopted child worried when the level of contact with the respective biological family was different for the different children. Adoptive parents worried about the impact that this difference would have on the child with less access to their biological family.

DISCUSSION

Managing this contact with, or communication about, the biological family is a significant responsibility for the adoptive family, since this is known to have a significant impact on the adopted child. The South African context is somewhat different from the international context, where placement of infants is less common, and children are more likely to be placed from foster care and open adoption is more common (Rampage *et al.*, 2011). In South Africa placements are more common in infancy, but where children are adopted at later ages, the possibility of more contact with the biological family and significant others in the child's life is more common. The racial difference between the adoptive parents and the biological parents impacts on the communication and contact between the two families in South Africa. This is particularly significant since race and financial status are closely aligned in South Africa, and poverty is the most significant reason for placement for adoption in South Africa. This means that even where adoptive families attempt to create contact with biological family or communities from which the biological family came, the financial disparity makes this contact complicated. The association of different Black African groups with specific African languages, which are rarely spoken by White South Africans (Mesthrie, 2002; Orman, 2008), also complicates communication and contact between adoptive and biological family. This is like the experiences of international families adopting through intercountry adoption (Fiorentino, 2017, 2022; Shin, 2013).

Some adoptive parents do recognise the importance of the biological family and include them in conversations through the life span of the adopted child. Some attempt to increase contact with the biological family for their children, but find that many adoption service providers appear to minimise the need for this contact, despite international research showing that more openness in adoption has positive outcomes for adopted children (Grotevant, 2020).

Given the lack of African and South African research on the various forms of connection and contact between adoptive and biological families of transracial adoption, the current exploratory research lays important groundwork for understand this in the South African context.

RECOMMENDATIONS FOR PRACTICE

A symbolic connection to biological family is important to adoptees and adoptive families in closed/non-disclosed adoptions and in open or disclosed adoptions. What support social workers offer adoptive families depends on the type of adoptions.

Where the adoption is disclosed, more emphasis needs to be placed on assisting the adoptive family in managing the contact between the biological family and the adoptive family, or the adopted child or both. This can be through mutually shared messages and photos or through in-person contact. Given the low number of disclosed adoptions in South Africa, this is a particularly important skill that accredited adoption social workers must develop.

For non-disclosed adoptions, information about the biological family remains important to adoptees and such information should be available to them if they should request it, once they are legally permitted to access it. Gathering this information needs to be prioritised at all stages of the adoption process.

Before placement, there needs to be increased emphasis on gathering as much information as possible about the biological family, their life circumstances, and their reason for placing a child for adoption, as this information is very important to the adopted child. In non-disclosed adoptions, the biological family decided that they do not want contact with the adopted family; therefore, social workers cannot encourage contact between the two parties. As it is better for the child to have contact, social work agencies can still encourage the adoptive and biological family in non-disclosed adoptions to leave relevant information on file, so that it can be shared with adopted individuals if or when they ask for it. Social work agencies need to be committed to maintaining contact details of the biological family, so that the adoptee can contact the biological family when they reach adulthood, if they feel the need to. Increased support also needs to be offered to adoptive families who want to increase contact with the biological family during the child's childhood, both through letterbox or social media contact, and direct contact mediated by the social work professionals, depending on whether it is a closed or non-disclosed adoption.

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AUTHOR BIOGRAPHY

Jean Luyt was a PhD Student at the University of Stellenbosch, Psychology Department. She is currently working in private practice as a clinical psychologist focusing on offering psychological support to all in the adoption community. Her research interest is the experiences of adoptive families in South Africa. She wrote the first draft of this manuscript as a chapter of her research for her PhD, which she conceptualised and conducted between 2019 and 2022.

Leslie Swartz is a Professor of Psychology at Stellenbosch University. He has an interest in diversity, inclusion and participation, and has published widely on this topic. He supervised the PhD project on which this article was based.