

HEEDING THE VOICES – THROUGH LEARNING TO HEALING

An Application of Single and Double Loop Learning in a
Case Study of Past Practice

Submitted by

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of the degree of
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Statement of Sources

This thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified or been awarded another degree or diploma.

No other person's work has been used without due acknowledgement in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

All research procedures reported in the thesis received the approval of the relevant Ethics Committee as required.

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A b s t r a c t

This thesis responds to the current climate of inquiry and complaint around past practice in the work of religious, charitable and service based organisations. It does not attempt to deal with issues of abuse or of illegal or unlawful practice but rather proposes an alternative approach to inquiry into past practice. In focussing on the learnings for one organisation whose practice was under inquiry the study presents a response that is life giving, growth promoting and the first step to healing and reconciliation.

In June 1998 the Honourable Faye Lo Po', MP instructed that the Standing Committee on Social Issues inquire into *Adoption Practices in NSW 1950 -1998* (the Inquiry). The Sisters of St Joseph, a religious Congregation in NSW chose to participate in the Inquiry. They had been entrusted with the care of single pregnant women since 1937 at St Margaret's Hospital in Sydney and St Anthony's Home in Croydon. Recommendation 17 of *Releasing the Past*, the final report of the Inquiry suggests that an apology from organisations involved in adoption services be forthcoming. This recommendation proved to be the catalyst for this study.

No real apology exists without reconciliation. Reconciliation is possible only when both sides of the story are told and understood. This thesis seeks to understand not just both sides of the story but the changes and the learnings that have taken place in the provision of care to single mothers over the eventful fifty years embraced by the Inquiry.

Using the metaphor of voice as discourse, dialogue and response the study examines the discourses that informed attitudes to the single mother in the fifty years leading up to the Inquiry; listens to the events of the Inquiry and identifies the research question which focuses on inquiry into past practice and the consequent understanding of organisational and individual learnings.

The evolutionary nature of organisational learning provides a framework for understanding the learnings that have taken place. Using case study methodology the study situates the ministry in the changing social, religious and professional culture of the time. It examines the evidence of the mothers who told their stories to the Inquiry and sets up a dialogue between this evidence and the recollections of the Sisters involved in the ministry.

While the discourses and the voices of the mothers have been explored in other publications the author was unable to access any other studies that examined issues through the eyes of those who were deemed to have been perpetrators of the actions under inquiry.

It is hoped that the study may serve as the first step towards understanding the stories of both groups of women – for this is the first step towards reconciliation. It is further hoped that it provides a model of learning that enables organisations to understand and appreciate the richness of their learning history – especially when the catalyst for that understanding is complaint and inquiry.

Table of Contents

Statement of Sources	ii
Abstract	ii
Table of Contents	v
Glossary of Terms.....	viii
Introduction.....	1
Chapter 1 The Voices of the Mob	7
The Voice of the Church	8
The Voice of Society	12
The Voice of Society expressed in Literature and Media.....	17
The Voice of the Law	22
The Professional Voice	27
Summary of Chapter One.....	34
Chapter 2 The Voice in Search of Truth	38
The Inquiry into Adoption Practice in NSW (the Inquiry).....	39
The Hearings.....	41
Recommendations	46
Aim of the Study	47
Research Questions.....	50
Significance for the Learning Community.....	51
Summary of Chapter Two.....	53
Chapter 3 The Organisation Learns.....	55
The Evolution of Organisational Learning	56
The Revolution of Organisational Learning	58
Levels of Learning	71
Application of Single and Double Loop Learning	78
Summary of Chapter Three	80
Chapter 4 Understanding the Learnings	82
Methodology.....	83
The Case Study	83
Consent	85
Data Collection	86
Document Analysis	88
Observer Participation.....	91
Data Analysis	92
Validation of the Case Study.....	98
Interpretation	99
Limitations of the Study.....	100
Summary of Chapter Four	102

Chapter 5 The Voice in the Service of the Poor	104
The Sisters of St Joseph.....	104
The Congregation	108
Ministry to Mothers.....	110
Summary of Chapter Five.....	136
Chapter 6 Voices in Dialogue	138
The Voices of Ramah – The Mothers.....	138
The Mothers Find Their Voice	139
The Sisters	141
Areas of Concern	142
Censured and Blamed	142
Ostracised and Isolated	151
Deprived of Choice.....	161
Treated like an Object.....	174
Never a Mother	178
A Mother for a While	184
Summary of Chapter Six.....	187
Chapter 7 The Voice of Wisdom.....	190
Espoused Theory - Sisters of St Joseph and the Ministry to Single Mothers.....	190
Orphan Knowledge	196
The Learnings – Single Loop? Double Loop? Collective?	197
The Impact of Education.....	213
Towards Transformational Learning.....	214
Summary of Chapter Seven	214
Conclusion The Prophetic Voice.....	217
References	224
Appendices	238
Appendix 1. Letter to Participants	239
Appendix 2. Consent Form for Participants	240
Appendix 3. Letter of Approval from Ethics Committee	241
Appendix 4. Interview Prompt Sheet	242
Appendix 5. Levels of Learning.....	243
Appendix 6. Correspondence with Chris Argyris	247
Appendix 7. Objects of the Institute Mary MacKillop 1901.	248
Appendix 8. Adoption Trends 1950 - 1997	249

Table of Figures

FIGURE 1 ARTICLES SHOWING ATTITUDES TO THE SINGLE MOTHER IN THE POPULAR PRESS	21
FIGURE 2 SUMMARY OF LEGISLATION IMPACTING ON ADOPTION IN NSW	25
FIGURE 3 DATA COLLECTION AND ANALYSIS.....	85
FIGURE 4 MEMBERSHIP CLASSIFICATION DEVICE	91
FIGURE 5 INITIAL CODING.....	93
FIGURE 6 MOTHERS' PERCEPTIONS - CODING	94
FIGURE 7 SISTERS' REFLECTIONS – CODING	95
FIGURE 8 MODEL OF LEVELS OF LEARNING	97
FIGURE 9 ADAPTATION OF PROBST AND BUCHEL'S MODEL (1997) TO MINISTRY TO SINGLE MOTHERS.....	98
FIGURE 10 TYPICAL COMMUNITY TIMETABLE.....	122
FIGURE 11 ADOPTIONS FROM ST ANTHONY'S HOME 1950 – 1980.....	126
FIGURE 12 PARAMETERS FOR IDENTIFYING LEVELS OF LEARNING	246
FIGURE 13 ADOPTION TRENDS 1950 – 1997	250

Glossary of Terms

Adoption Terminology

Adoptee	An adopted person.
Adoption	The process by which a person becomes, legally, a child of adopting parents and ceases to be the child of birth parents. All the legal consequences of parenthood are transferred from the birth parents to the adoptive parents (NSW Law reform Commission, 1994, p 12).
Adoption Triangle	Also known as Adoption Triad. The term used to describe the three-sided relationship that exists in an adoption between birth parents, adoptive parents and the adoptee, each of which is interrelated and inter-dependent on the others. Marshall and MacDonald (2001) extended the concept in their book <i>The Many Sided Triangle</i> to embrace all involved in the adoption process.
Antenatal Period	The period from conception to the birth of the child. Normally 40 weeks although any time

between 38 and 42 weeks is deemed safe for mother and child.

Binding In

The process of bonding with the unborn baby. Usually refers to the parents, especially the mother.

Birth Father

The man who fathered the child, also referred to as putative father or natural father.

Birth Mother

The woman who gave birth to the child. Also known as natural mother, mother, relinquishing mother, mother who lost baby to adoption. In older literature may be referred to as single mother, single girls, waiting girls.

Bonding

The process of attachment to a person or object. Often applied to the process of attachment that occurs between a mother and her newborn infant.

Consent

The process of legally signing the child over for adoption. Under the 1965 Adoption Act this became a two-stage process, the first signing was five days after birth and the second thirty days

later, at the close of the revocation period.

Enface Position

The infant is held 7 to 12 inches away from the parent's face, held upright, with head supported, facing the parent. (Kaminski, 2004).

Fostering

The process by which other parties assume care of the child without assuming all the legal responsibilities of parenthood. The birth parents remain legally the parents of the child.

Informed Consent

According to Beauchamp et al (1994, p. 142-143) this can only occur if the individual giving the consent has substantial understanding of the issues involved and is free from outside control. The term was coined ten years after the infamous Nuremberg trials and only received detailed consideration in 1972.

Lactation

The process by which the female breasts produce milk for the newborn. This process happens even if the mother does not breastfeed.

Multipara

A woman who has had one or more children.

Neonate	Literally new born, refers to baby in the first 28 days of life.
Primipara	A woman who is pregnant with her first child.
Perinatal Period	The time for the baby immediately before, during and for 28 days following birth.
Persistent Occipito Posterior	The foetus is positioned with its back facing the mother's spine. This interferes with the normal mechanism of labour and leads to a longer labour and considerable pain for the mother.
Postnatal Period	Six weeks following childbirth in which the mother's body is deemed to be recovering from the effects of pregnancy and birth.
Revocation Period	The period of thirty days from the time the mother signs the consent for adoption in which the mother can revoke her consent and keep the child.
Unresolved Grief	The pathological condition in which grief is prolonged and exaggerated.

Learning Terminology

Discourse	The political and social interests which influence the way we interpret our world (Weedon, 1987, p. 97).
Double Loop Learning	Double loop learning as the name implies, goes beyond the simple correction of error to the reasons behind the error, and the theories and assumptions that form the theory-in-use.
Espoused Theory	Espoused theory is the theory of action which is advanced to explain or justify a given pattern of activity.
Explicit Knowledge	Knowledge that has been codified using a system of symbols and can therefore be easily communicated or diffused.
Learning Organisation	An organisation where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually

learning how to learn together (Senge 1990 p. 14).

Metaphor

A symbol that carries meaning by association (Grievies, 2000, p. 376).

Orphan Knowledge

Orphan knowledge is that which has become isolated and separated from where it belongs (Caddy, 2001, p. 2).

Single Loop Learning

A process within an organisation by which errors are detected and corrected without due consideration for the underlying policy or philosophy behind the error or understanding why the error has occurred.

Tacit Knowledge

The implicit knowledge used by organisational members to perform their work and make sense of their worlds.

Theory-in-use

Theory-in-use refers to the theory of action that is inherent in any pattern of activity. They are frequently unstated and must be inferred.

Introduction

In December 2000 the Parliamentary Standing Committee on Social Issues published *Releasing the Past, the Report of the Inquiry into Adoption Practices in NSW 1950 – 1998*. It is an official, 227-page document. It is comprehensive, conciliatory, constrained, contained and circumspect. It had parliamentary approval. The Inquiry into Adoption Practice in NSW is over. All that remains to be done is the implementation of the twenty recommendations. This is not obligatory.

The lead up to the Inquiry was not neat or constrained. It represented years of struggle on the part of those involved in the adoption triangle (Adoption.com, 1995) to find their voices and make those voices heard. For some groups the closure of the Inquiry will not be the end either. It is the beginning of the next step.

Sally Morgan, author of *My Place*, in speaking of the aftermath of the *Bringing Them Home* (Human Rights and Equal Opportunity Commission, 1997) states that ‘you must remember that the Stolen Generation Inquiry was not funded to offer any emotional support for anyone who testified. So it opened up all the wounds without offering any healing’ (Laurie and Shakespeare, 1999, p. 23).

The final report from the Adoption Inquiry, *Releasing the Past, Adoption Practices 1950 - 1998* offered a way forward with twenty recommendations for dealing with the fallout from the *Inquiry into Adoption Practices 1950 – 1998* (Standing Committee on Social Issues, 2000, pp. xiv-xvi). These covered counselling, access to post adoption

services and resources, changes to the law, possible legal redress, access to files and medical records, financial assistance and apology.

It is Recommendation 17, concerned with apology that provided the impetus for this study. It states,

The departments, private agencies, churches, hospitals, professional organisations, and individuals involved in past adoption practices should be encouraged to issue a formal apology to the mothers, fathers, adoptees and their families who have suffered as a result of past adoption practices.

It is not hard to issue a formal apology. Most of the groups mentioned above have public relations officers and compassionate and civic-minded leaders who will take that initiative if it is deemed necessary. However for some groups it goes much further than that. The care given to the mothers and to the infants was in accordance with accepted practice of the time under discussion. Why then is there need for apology, or indeed why the need for an Inquiry at all?

This study was inspired by the experience of representing a 'church' and a 'hospital' at the Inquiry. It was a difficult experience both emotionally and physically. As a member of The Sisters of St Joseph, a religious congregation one of whose ministries is the care of the single mother and her child, and as a nurse with a passion for midwifery and neonatal care, the author spent the time at the Inquiry torn between loyalty to her

Congregation and empathy for those to whom she had ministered. Thich Nhat Hanh writes (Hoffman, 1997 p. 3)

If we take one side, we cannot fulfil our task of reconciliation. Can you be in touch with both sides, understanding the sufferings and fears of each, telling each side about the other? Can you understand deeply the sufferings of both sides'?

To begin to understand one must listen. Voices speak. This study is partly about voices, listening to them, hearing them, heeding them and understanding how they shape our attitudes, our actions and our learnings.

Discourses according to Weedon (1987, p. 97) are the political and social interests which influence the way we interpret our world. In the stories of single mothers who released their children for adoption these political and social interests emanate from many directions, sometimes screaming their opinion and sometimes whispering their truth. In this study the voices were listened to with new ears in an attempt to understand the evolution of knowledge and change of practice in those who were entrusted with the care of the mothers caught up in the adoption story. Later in this study some of these voices will find an echo in the voices of the Sisters and in the learnings of the Congregation of the Sisters of St Joseph (Josephites).

Using the metaphor of voice as discourse, dialogue and response the study develops in three sections.

The first section, Chapters One and Two, examines the discourses that informed attitudes to the single mother in the fifty years leading up to the Inquiry. It was the voices of the mothers, raised in anger, pain and protest that spawned the Inquiry, just as it was the voices of the past that banished them to a place of shame and silence and declared their children bastards. Chapter One traces the voices of society, law, church, media, medical and paramedical personnel that put these mothers in that place.

Chapter Two listens to the events of the Inquiry that gave rise to the research question. It is noted that none of the practices which caused such deep pain to the mothers, gave rise to the Inquiry and triggered this need for apology and reconciliation are in evidence today. The research question is centred on the role of inquiry in recognising the practices and events under inquiry; prompting an understanding of these practices; the catalysts for change and the nature of the learnings that accompanied the change.

The second section, Chapters Three and Four, looks at the evolutionary nature of organisational learning as a framework for understanding the learnings that have taken place and uses case study methodology to understand the voices of the mothers and of the Sisters.

Chapter Three develops this framework through an examination of the organisational learning literature and introduces the concept of single and double loop learning as a way of understanding the learnings. Chapter Four introduces the document analysis and the case study methodology used to analyse the data.

The third section, to the end of the thesis, focuses on those who tried and are trying to listen to the sounds of the past and to learn from the cacophony. The Sisters of St Joseph are a Congregation of religious women who were responsible for the care of some of the mothers during pregnancy, birth, and in the postnatal period. In NSW this ministry was conducted in St Margaret's Hospital in Sydney and St Anthony's Home in Croydon.

Chapter Five introduces the Congregation and describes the Sisters' work with the mothers as they responded to the ever changing needs of the mothers and their children. Chapter Six again hears voices, this time those of the mothers and Sisters in dialogue as both groups recall the events that gave rise to the Inquiry.

Chapter Seven is the voice of wisdom, the analysis of the learnings and the beginning of understanding of the organisational changes that have taken place. Throughout the study organisational learning is itself understood as a metaphor for the changes that take place in people and in organisations.

Inquiry into past practice is one of the hallmarks of this time in history. This study explores one way of grappling with such inquiry in a way that is constructive, enlightening and positive. None of the practices that caused such pain to the mothers has persisted in the Sisters' present ministry. Through the perceptions of those who worked with the mothers, this study explores the changes to those practices over time as well as beliefs and attitudes that accompanied the changes. It is the beginning of a search for the learnings that have taken place for the Sisters of St Joseph over the last

sixty -six years, beginning in 1937 when the Congregation took over St Margaret's Hospital, proceeding through the Inquiry into Adoption practices in NSW and still continuing to the present.

The next chapter will record the voices that resounded in the ears of those who found themselves single and pregnant between 1950 and 1975 - the years of most interest to this study. The rest of the study will explore the journey into the Inquiry; the practices that led to the Inquiry; the questions it raised and the personal and organisational learnings that led to those practices being changed.

Chapter 1

THE VOICES OF THE MOB

Roughly speaking, an unmarried mother is under a ban, a fatherless child is a bastard (Malinowski, 1930, p. 137).

The Macquarie dictionary defines 'mob' as 'the common mass of people, the populace or multitude'. It also defines 'mob oratory' as 'to surround and attack with riotous violence' (Macquarie Dictionary, 1982, pp. 382 – 383).

This chapter will hear the voices of the mob – the opinions of the common mass of people and the discourses that informed them. History thunders with opinions about single mothers, their illegitimate infants, the fathers of their babies and the families from which they came. This study focuses on attitudes to the mothers who for various reasons released their babies for adoption, and analyses the various groups who raised their voices in condemnation and occasionally in support for these mothers, many of whom were young and unmarried when they fell pregnant.

There are themes which come through this babble of voices – cries of blame, ridicule and rejection; responses of shame, guilt, pain and anger; attempts to protect and hide; forgive and reconcile.

Emanating from church, government, society, law, media and health professionals these discourses have formed and informed attitudes to single motherhood over centuries and certainly over the fifty years of this study. Through these voices will be

heard the cacophony of sound that surrounded the woman who found herself single and pregnant especially between 1950 and 1975. Of the thirty-five mothers who gave evidence at the Inquiry only three delivered their babies after 1975, the date of the Family Law Act that marked the beginnings of substantial support for the mothers to keep their babies. However, because this study will concern the learnings and societal change past that time, later change in attitude and legislation will be included both as a contrast and as a future reference point. Similarly the genesis of the attitudes will be identified even if this is well before 1950.

The Voice of the Church

The voice of the church was probably the first raised in both condemnation of the sin and support of the person of the single mother. In the context of this study church is taken to mean the Catholic Church. The Sisters of St Joseph are a religious Congregation within the Catholic Church and the organisations for which they are responsible operate within the auspices of the Catholic Church.

Many religions, including Catholicism, have in recent history shown little tolerance for premarital sex and single motherhood. This does not always seem to have been so. Gaelic law in Catholic Ireland in the 1500s was 'relaxed about marriage and divorce and took little account of legitimacy' (Brigdon, 2000, p. 63). Consequently illegitimate children were 'accorded the same status and the same relationship to their father as the children born within wedlock, and the same claim upon their patrimony' (Brigdon, 2000, p. 63). The Irish and Welsh churches at this time also had been 'resistant to the ethic of

clerical celibacy' and marriage and/or children of the clergy were common 'in defiance of canon law'. Papal dispensations were granted to the sons of bishops in order for them to become legitimate, be ordained as priest and bishop and have the right of inheritance (Brigdon, 2000, p. 51).

In England at this time the rate of illegitimacy was low but the illegitimate child was recognised within the family. At the same time unfaithfulness in marriage and sex outside marriage were not condoned with compulsory reporting of pregnancies, public penances and accusations, and defamations being brought before the church courts for trial (Brigdon, 2000, p. 64).

Reekie (1995, p. 22) claims that it was only in the Middle Ages that the illegitimate child became associated with immorality and a 'Christian concern for purity'. By association with the sin of their parents the children of such liaisons were deemed to be less worthy than children born in wedlock. The Catholic Encyclopaedia (1914) is very definite that unmarried pregnancy cannot be condoned and refers to illegitimacy as a birth defect. Illegitimacy was considered in Catholic Church teaching as an impediment to ordination to the priesthood and to the taking of solemn vows in a religious congregation. The Catholic Encyclopaedia further states that adoption by a married couple or subsequent marriage of the child's parents conferred legitimacy upon the hapless infant. The Pope could also confer legitimacy on candidates to the priesthood or religious life.

The Catholic Church during the period under study placed great emphasis on the integrity of the family and the importance of chastity before marriage. This is implicit and explicit in church teaching. All Catholic children in Australia studied the Catechism of Christian Doctrine colloquially referred to as the 'green catechism'. Set in question and answer format the catechism is brief and unequivocal regarding the keeping of the sixth and ninth commandments which relate directly to sexuality and marriage. 'The sixth commandment forbids all sins against Christian marriage and also all impure looks, words and actions'. 'The ninth commandment forbids all wilful immodest thoughts and desires, immodest books and pictures and all amusements dangerous to purity' (Plenary Council, 1939, P. 38-39).

The underlying teaching of the church as understood by the priests and religious of the time was definite and prescriptive on matters of sex and procreation. Any entertainment of impure thoughts, any desires or wishes against the sixth and ninth commandment and any kissing that was not platonic in nature was sinful and usually deemed mortally so. Premarital sex was definitely not condoned and was considered mortally sinful (Healy, 1942, pp 188-213). Catholic teaching defines mortal sin as an offence that can result in a person's being condemned to hell for all eternity.

The application of this teaching within Catholic institutions and within the family, without the application of concurrent teaching about the love and mercy of God and the principles of social justice, bred a culture of blame for the girl who became pregnant

outside marriage and evoked shame and disgrace upon the girl herself, her family and often upon her illegitimate child.

The Catholic Church now strongly endorses principles of social justice. The New Catholic Catechism (1995) contains fourteen separate references which may be applied to the disadvantaged or victimised in society, e.g.,

Social justice can be obtained only in respecting the transcendent dignity of man. The person represents the ultimate end of society, which is ordered to him: (#1929).

What is at stake is the dignity of the human person, whose defence and promotion have been entrusted to us by the Creator, and to whom the men and women at every moment of history are strictly and responsibly in debt (# 351).

While the expression of social justice was not as well understood by most Catholics prior to the publication of the Catechism in 1995, the source documents – the Gospels, the papal encyclicals and the writings of theologians were understood by church leaders who were very aware of the imperative to look after those who are disadvantaged by society or culture. The church set up hostels and homes for the shelter of girls shamed and disowned by family and/or frightened and ashamed of being pregnant. There they could be hidden away while awaiting birth and arranging for the adoption of their children. How the mothers were treated in these homes and how they now make meaning of those events will be addressed later in this study.

The metaphors, images and stories with which these girls grew up during their school years emphasised the virtue of purity and the importance of chastity. The saints that were held up to the young women as role models were the virgin martyrs. Foremost among these was Maria Goretti who was canonised in the early 20th Century for refusing to consent to sexual relations with her cousin. She was subsequently stabbed fourteen times. Statues of Mary Virgin and Motherⁱ and Mary who was immaculately conceived without the original sin that is said to taint every human being were displayed prominently at both St Margaret's Hospital and St Anthony's Home, as they were in all religious houses and churches. At St Margaret's Hospital there was no obvious reference to St Margaret of Cortona after whom the hospital was named because of her repentance from a life of unwed motherhood (Press, 1994, p. 25).

The Voice of Society

The voice of the society in many ways echoes the voice of the church. The period of history spanned by the adoption inquiry, and by the involvement of the Sisters of St Joseph in the care of the mothers and their babies, has borne witness to a quantum leap in community, medical, legal and societal attitudes to pregnancy, parenthood and adoption. Actions and decisions deemed acceptable and indeed praiseworthy in the past are no longer necessarily seen as good practice in the light of present knowledge, ideology and theory. Conversely practices that were considered socially unacceptable are now part of everyday living and condoned and even supported by society. It remains a fact however, that acceptance of single motherhood is not universal. In 1992

the TV sitcom *Murphy Brown* wrote the main character's choice of single motherhood by choice into the script. Various sectors of society, including the US Government responded angrily. Dan Quayle, at that time Vice President of the United States of America said in a public address 'Bearing babies irresponsibly is, simply wrong. Failing to support children one has fathered is wrong. We must be unequivocal about this' (Quayle, 1992. p. 9).

The single mother, the bastard child and adoption across cultures

The recognition of illegitimacy and the practice of accepting responsibility for a child who is not one's own have been accepted as a part of the human condition and have been recorded since earliest times. Reasons for and attitudes towards adoption vary across cultures from normal practice to something shrouded in secrecy and protected by law.

In some Polynesian cultures such as the Torres Strait Islands and Sikaiana in the southwest Pacific Ocean, fostering or adoption is the norm to acquaint children with the concepts of the extended family. For these cultures adoption is seen as an expression of 'love and compassion', not necessarily permanent and certainly not divisive (Donner, 1999, 3). New Zealand Maori culture has a system of adoption that the Government has tried, rather unsuccessfully, to define by trying to equate it with guardianship (Law Commission, 2000, p. 1).

The Bible (Exodus 2:5) recounts the story of the rescue and adoption of the infant Moses by Pharaoh's daughter, and legend has it that Rome was founded by the twins

Romulus and Remus, rescued and succored by a she-wolf (Trueman, 2003). These religious and mythological references introduce the concept of adoption as a means of removing a child from danger.

This is the case in most western cultures where adoption is most often born of real or perceived need, either of the children or of the parents deemed unable or unwilling to undertake the care of a child. Inability to care for one's own offspring may be the result of illness or death, abuse, neglect, political persecution, custom or personal choice. The responsibility may be accepted by family members or by friends. In the case of non-familial fostering or adoption it may be by strangers. Farrar notes that it is only in these western cultures that children lose their identity by adoption and 'become the children of strangers' (1999, p. 65). Farrar observes that in such cultures the adoptive parents become the rescuers, the good people and the mother deemed noncoping, irresponsible, incompetent, immoral or stupid, for giving birth to a child and not being in a position to assume responsibility for its care. These attitudes to adoption are strongly allied to the concept of and the attitudes to, illegitimacy across time and culture.

Shame of Illegitimacy

While the recognition of adoption is almost universal across cultures, Malinowski is unequivocal in his belief that there is minimal or no acceptance of illegitimacy

In all human societies...however they might differ there is universally found what might be called the rule of illegitimacy. By this I mean that in all human societies a girl is bidden to be married before she becomes pregnant (1953, p. 212).

Even if this is so, the attitude to children and of their mothers differs greatly. Reekie (1998, pp. 21-22) notes the following distinctions across societies - in indigenous Australians there is some concept of shame attached to the birth of a 'single baby' but no rejection of the mother or child; Japanese culture recognises a social distinction only in the children of concubines; Jewish law affords illegitimate children almost the same recognition as those born in wedlock. Australian culture was built on English law, and attitudes grew out of the church (canon) and state law where attitudes were based on morality and the dependence of illegitimate children on the state. Brigdon (2000, p. 54) notes that many of the defamation cases brought before the church courts in England in the 1500s involved accusations such as 'arrant whore, privy whore, stewed (brothel) whore, priest's whore, hedge whore, burnt (venereal diseased) whore'. The same author notes a 'double standard' in English law with a greater penalty for women than for men.

It was in English law that the illegitimate child was deemed 'filius nullius', literally 'child of no one' so the state had no responsibility for these children and they were often taken in and cared for in monasteries. The Poor Laws of 1542 placed the illegitimate

children in the care of the parish – hence the traditional role of the churches in the care of these children (Brigdon, 2000, p. 23).

It is not surprising then that these values and attitudes were present in Australian culture, with its British system of law and, until recently, mainly Anglo-Irish heritage. Until comparatively recent times illegitimacy remained a source of social stigma to be kept secret and hidden. Infertility was also for many women a source of grief and shame. Adoption was the solution to both problems and adoption rates soared. For the sake of the mothers and of the adopting parents and probably for the children the adoptions were kept very secret.

Girls were blamed and ostracised for becoming pregnant and were sent to stay with relatives or “worked interstate” to hide the pregnancy and it was not unknown for women who were planning to adopt to feign pregnancy so that the neighbours would not know that the baby was not their own.

The tradition of the parish or church assuming responsibility for the poor continued in that several major city hospitals, and some large country centres, as well as charitable and church organisations provided live-in accommodation during pregnancy for the mothers pending adoption and kept the baby in care afterwards. Some babies were fostered or adopted almost immediately and others stayed for a period of weeks or even months, depending on current legislation and policy.

Access for the mothers was generally discouraged or limited so they would not get too attached to the baby. The child already belonged to the adoptive parents – until

adoption it was to all intents and purposes, if not in fact, *filius nullius*, the child of no one, with its mother denied access and its father unacknowledged.

The Voice of Society expressed in Literature and Media

The opinions of society are expressed through the written word in journalism and tabloid press; through documentary and film; through research and literature.

The central purpose of journalism is to provide citizens with accurate and reliable information they need to function in a free society. This encompasses myriad roles--helping define community, creating common language and common knowledge, identifying a community's goals, heroes and villains, and pushing people beyond complacency. This purpose also involves other requirements, such as being entertaining, serving as watchdog and offering voice to the voiceless (Journalism.org).

In giving this information, defining community and identifying heroes and villains, the media has not always been kind to the single mother where she has been portrayed as loose, wronged, betrayed, and foolish and her state sensationalized, dramatized and exposed to the gaze of a voyeuristic public. Only occasionally has the media offered a real voice to these women.

The attitudes of the Anglo – Irish settlers in NSW reflected the literature of the countries of origin. In the film of the same name Ryan's daughter is disowned and disgraced. In *Oliver Twist* Charles Dickens caricatures for his readership the plight of the single mother Agnes Fleming, and her bastard child (Dickens, 1837). Dalziell (1977,

p, 24) notes the negative treatment of illegitimacy in English literature- Moll Flanders born out of wedlock, unmothered and incapable of mothering; Heathcliff in *Wuthering Heights* jealous and powerful; *Tess of the D'Urbervilles* giving birth to a fragile infant who dies soon after birth; the children in *Adam Bede* and *Faust* are murdered in desperation by their mothers.

In contemporary literature Catherine Cookson (1991) reflects the attitudes of a small town towards a couple in a de facto relationship in the *Gillyvores*. The graphic telemovie *'If These Walls Could Talk'* (1990) portrays the evolving attitudes towards out of wedlock conception and unwanted pregnancy. The first woman, nurse, war widow, pregnant to her husband's brother dies after an unsuccessful self-induced abortion attempt, the second witnesses the death of her doctor in an attack on an abortion clinic and the third continues with an unplanned pregnancy in spite of the protests of her family, including her teenage children.

In *Les Miserables* (Hugo 1862) the unfortunate Fantine is ridiculed even by the prostitutes with whom she works because she supports a daughter born after a summer romance. In all literature happily-ever-after endings are predicated on finding the family of origin and being reconciled with a family alienated by the birth of a child to an unwed mother.

The paradox of the messages that surround the single mother is not absent from the theatre either. Farrar (2002, p. 179) notes that it was perhaps Greer Garson, in her portrayal of the single mother in *Blossoms in the Dust* who set the scene for the

identification of the single mother as a good girls - 'Bad girls don't have babies'. The bad girls, by implication had abortions or used contraception.

The loudest voices heard by the girl who found herself single and pregnant would have been the popular press – the tabloids and women's magazines. Below is a chronological table of media articles from newspapers and women's magazines. These have been chosen because the titles of the articles demonstrate the attitudes of the press, and by association of society, towards the single mother – and, like Dickens and Hugo, they sensationalise and draw attention to the plight of the single mother in society thus fulfilling their role as entertainer, watchdog and spokesperson.

Single Mothers in the Popular Press: Articles 1949 - 1975 cited in Farrar (2002, p. 410-411).				
Year	Date	Magazine /Page	Title	Author
1949	0/4	A.M p. 11-12	How we treat unmarried mothers.	Dye, M.
1957	18/11	Woman's Day with Woman p. 23	The mother in the other bed.	Pragnell, T.
1969	14/6	Daily Telegraph p. 6	Mum's anger at baby snatchers.	Mackay, T.
1970	16/2	Woman's Day p. 37	Joey-he's somebody's baby now.	Dupree, A.
1975	27/10	Woman's Day	Sister Stewart and the lonely ladies-in waiting.	Craig, A.

Single Mothers in the Popular Press: Articles 1949 - 1975 cited in Farrar (2002, p. 410-411).

Year	Date	Magazine /Page	Title	Author
1996	16/6	Sydney Morning Herald, p. 29.	They Stole My Baby.	Sullivan, S.
1996	11/6	Sydney Morning Herald	Adoption scandal revealed.	Delvechio, J. Darby, A.
1996	12/6	Sydney Morning Herald	The Baby Snatchers	Delvechio, J. Hatfield, L.
1998	11/6	Sydney Morning Herald,	Trish tells of hopelessness as newborns taken.	Delvechio ,J.
1998	19/6	Sydney Morning Herald	Baby Boom Bust.	Jopson, D.
1998	21/10	Weekend Australian p. 1.	From birth to grief.	Sutherland, T.
1998	17/6	The Age , p. 13	The death of adoption.	Arndt, B.
1998	14/4	Sydney Morning Herald	How society made adoption the only choice for some.	MacDonald, M. Marshall, A.
1999	28/7	Daily Telegraph, p. 2	Scars of Adoption, Woman forced to give up daughter at birth.	Temple, W.
1999	20/2	Sydney Morning Herald	Baby theft: Accused lost son to adoption.	Cant, T.

Single Mothers in the Popular Press: Articles 1949 - 1975 cited in Farrar (2002, p. 410-411).

Year	Date	Magazine /Page	Title	Author
2000	11 /10	Sydney Morning Herald, p. 3.	Women offered cash and holidays to give up babies for adoption.	Jacobson, G.
2004	9/2	Sydney Morning Herald, p.3.	Not long out of nappies and that's just the mums.	Debra Jobson

Figure 1 Articles Showing Attitudes to the Single Mother in the Popular Press.

The press has continued to sensationalise single motherhood in its headlines and its reporting. The mothers profiled in the 2004 article were not single mothers. They were in their twenties and in stable relationships, except for one who had separated. Even in 2004 the mob is still vocal. The article observes,

They are sometimes mistaken for their own children's baby sitters or children. Occasionally they suffer sneers. Sometimes they are asked if their children all have the same father (Jobson, 2004, p. 3).

The collective opinion of society was probably mirrored in the advice columns of women's magazines. Farrar (1999, p. 189) has identified several typical responses,

Tell yourself over and over that you did the best thing for your baby – you gave her the chance of a happy life with two parents, and of emotional and material security...In time you will marry and have other children, and your present sadness will fade (Woman's Day, 1974).

I advise you to forget all about it. I promise you it is for the best. That baby your daughter parted with is now a woman with parents, family and friends of her own. What grief would you bring into her life if you suddenly introduced a mother and a grandmother she had never known? At the very least you would unsettle and complicate her life (Woman's Day, 1960).

Whether it was to shock, to support or to blame, the media considered the plight of the mothers newsworthy. Media coverage of the Inquiry in the Sydney Morning Herald/ Daily Telegraph between October 1998 and October 1999 elicited support for the mothers by selective reporting and use of words such as 'scars', 'stolen', 'baby snatchers', 'hopelessness'. After being shunned and hidden from society the mothers were beginning to be heard and supported in the public forum.

The Voice of the Law

The law has responded to these many voices in the adoption debate, speaking out to protect both the children and the mothers. At the turn of the last century, parting with one's children was 'not seen as to be a positive or responsible act' (Standing Committee on Social Issues, 2000, p. 13) and Mary MacKillop in 1901 referred to the 'unnatural mothers' who abandoned their babies. By 1923 this attitude had changed and the Child Welfare Act, enacted in that year, appeared to support and to protect the mother who elected to release her child for adoption. This may have been in response to practices resorted to by desperate mothers who abandoned their babies or gave them over to the

infamous baby farmers to be cared for. Response to adoption was slow mainly because 'It was the prevailing belief that a woman's inferior and immoral character would be passed on to the child, making such children undesirable for adoption' (*Releasing the Past*, 2000, p. 13). Thus while the law attempted to protect the mother and the child albeit by separating them for life, societal mores and superstitions dictated that this was not as simple as passing legislation.

The figure below shows legislation in NSW that has impacted upon adoption.

Table Showing Legislation that has impacted on Adoption in NSW (Adapted from <i>Releasing the Past</i> , 2000, pp. 64-670).		
1881	State Children's Relief Act	Attempted to remove the care of children from large institutions and initiated fostering. Opened the door to the abuses of baby farming. Set up the State Children's Relief Board.
1902	Children's Protection Act	Required that all births be registered, children's homes be registered and supervised and provided for visitation of adopted children by state authorities. Birth parents were allowed regular but infrequent visits.
1923	Child Welfare Act	Primarily this act transferred all parental rights to the adopting parents. The child still had the right of inheritance. Introduced some financial support for single mothers who kept their children. Replaced the State Children's Relief Board with the Child Welfare department. Provided for the signing of consent by both parents if they were married, the mother only if she was single and dispensed with consent if the child was abandoned.

Table Showing Legislation that has impacted on Adoption in NSW (Adapted from <i>Releasing the Past, 2000, pp. 64-670</i>).		
1939	Revision of the Child Welfare Act	Outlawed baby farming. The Act provided for private adoptions and wardship and allowed the natural parents to nominate the adoptive parents.
1953	Mace vs. Murray	Awarded custody of an adopted child to the adopting parents despite the fact that the mother claimed the child within the revocation period. Despite being overturned by the Supreme Court this judgement was later upheld by the High Court.
1965	Adoption of Children Act 1965. No 23 (NSW)	Placed the responsibility for adoption in the hands of formally constituted organisations. Private adoptions were no longer legal except within families.
1973	Levine Judgment	Made abortions possible under certain circumstances and reduced the number of unwanted pregnancies.
1973	Supporting Mother's Benefit (Commonwealth)	Provided financial assistance for single mothers. Prior to this time the only source of funding was dependent upon maintenance payment and involved a waiting period.
1975	Family Law Act (Commonwealth)	Provided opportunities for extended family care and shared child care arrangements in the event of family break up.
1976	The Children (Equality of Status) Act	Removed the stigma of birth outside marriage from the child.

Table Showing Legislation that has impacted on Adoption in NSW (Adapted from <i>Releasing the Past, 2000, pp. 64-670</i>).		
1984	De Facto Relationships Act	Recognised the role and responsibilities of single parents and those in de facto relationships to care for and to adopt children in certain circumstances.
1990	Adoption Information Act	In NSW adopted people and people who have their child up for adoption given right of access to both the original and amended birth certificates issued at birth and at adoption.

Figure 2 Summary of Legislation Impacting on Adoption in NSW

Legislation prior to 1965 protected the rights of the child – apparently at the expense of the mother. *Mace vs. Murray* determined in favour of the adoptive parents and ostensibly in favour of the child. The Levine judgment, in spite of the moral and ethical storm that it generated, definitely protected the rights of the mother and indicated a new attitude in law to the rights of the single mother. Subsequent legislation continued this trend, finally acknowledging that the mother has a right to support and protection in rearing a child born out of wedlock. However the very fact that there is separate legislation for the single mother again suggests that her status is not a societal norm.

The Law Reform Society cites societal acceptance of unmarried parenthood, roles of men and women, ex-nuptial birth and de facto relationships as issues that render the secrecy of the 1965 Adoption Act no longer relevant. The Gay and Lesbian Lobby, in

conjunction with the Women's Electoral Lobby have successfully challenged the exclusive right of heterosexual couples to adopt children (Law Reform Society, 1995, p. 138).

The Doctrine of Informed Consent

Arising from the Nuremberg Code in 1947 (Beauchamp and Childress, 1994, p. 142) the doctrine of informed consent originally applied to clinical trials and experimentation (Leaning, 1996). The precedent for informed consent in medical practice was set by the 1957 English case Bolam v Friern Hospital Management Committee, where it was determined that it was sufficient to find that actions were in accordance with a practice accepted by responsible persons. Under this model the responsible persons were taken to be the professionals, and if a significant body of responsible peers concurred with a clinical decision the Bolam precedent held. The case of Rogers v Whittaker in 1992 created a precedent in Australian law that overrides Bolam. As Reynolds (1994) observes 'Rogers v Whittaker implies that Australian law has undergone what promises to be a profound shift towards a concept of making autonomy the key issue in determining consent'.

The law again was a voice for the single mother – muted perhaps and not yet heard by the mothers themselves.

The Professional Voice

In matters relating to pregnancy and childbirth including single parenthood, doctors, midwives and social workers have always had considerable influence. They have made their voices heard in the print media as well as in research and scientific literature and have influenced attitudes to adoptions, single mothers, morality, loss and grief, prenatal bonding or 'binding in', infertility and pregnancy prevention.

The stereotypical image of the medical and nursing professional between 1950 and 1975 was of the doctor in a white coat and / or the nursing sister in a white or blue uniform with white veil, collar and cuffs starched to pristine perfection. They spoke with authority, used the royal 'we' and had access to information apparently hidden from the general public.

Midwives

Attitudes of midwives in the period under study (1950 – 1975) were largely influenced by the midwifery curriculum and the literature to which they had access. Although midwifery is now a university-based programme with an adult model of learning incorporating reading, research, lectures and reflective practice (Mander, 1992) the learning modalities of that era were largely by lectures, textbook and the experience of their professional elders. Midwifery was a hospital-based, apprenticeship programme, and knowledge was tested by a mixture of short answer and multichoice examination which encouraged rote learning and understanding of techniques and body

systems. Attitudes and knowledge were formed from the mores of the profession. Critical analysis was not encouraged.

The attitudes passed on to student midwives were not universal and often reflected the personal beliefs of the senior midwives. The attitude of Matron Shaw from Crown Street Hospital, who is quoted as speaking in support of the mother who chose to go ahead with an unplanned pregnancy reflects some of the punitive attitudes of the day but also shows respect, 'The girl who goes ahead and has her baby has to have a lot of courage. She is usually a good girl who, because of her innocence, has got into trouble' (Dye, 1949, cited in Farrar, 1999, p. 106). In contrast Sister Stewart from Caramar is reported as saying that the increase in pregnancies to unmarried mothers is due to the permissive society and the overexposure of sex (Craig, 1975, p. 59 cited in Farrar, 1999, p. 189).

It was not until the 1980s that the attitude of midwives in promoting adoption and role of the midwife in the treatment and the decision-making of the single mother began to be identified. Richie (1989, pp. 1156-1157) is in no doubt that adoption is the only option. Farrar (1999, p. 131) identifies Mander as the catalyst for change in the attitude of midwives to single mothers. Her research documents the beliefs of midwives about adoption and the constraints on their care of the single mother (Mander, 1991, p. 138). Several years prior to the work of Mander, Auvenshine (1985, p. 48) identified the lack of recognition of the needs of the single parent family.

The sad fact remains however, that prior to the 1980s it is unlikely that the single mother would have received support from the general body of midwives for choices other than adoption.

Doctors

The medical specialists who have been most forthcoming about their attitudes to the single mother have been the obstetricians and the psychiatrists. Mothers were referred for psychiatric treatment for a variety of diagnoses including flawed character, feeble mindedness, and lack of ego control, depression and request for abortion (Farrar, 1999, p. 108; Reekie, 1998, pp 120-139). The psychiatric community appeared to struggle with the concept that the 'aberration' of single motherhood, and more particularly the single mother who kept her child was not due to some character flaw or psychiatric illness. The women who were deemed to be of normal intelligence and well brought up were deemed to be suffering from unresolved Oedipal conflicts (Kasanin and Handschin, 1941, p. 83), were masochistic (Clothier, 194, pp. 543), were narcissistic (Bonan, 1963, p. 323), or were emotionally immature (Kravitz, Trossman and Feldman, 1966, p. 457).

Prior to 1974 the obstetricians and midwives advised any mother who had lost a child through adoption, miscarriage, stillbirth or neonatal death to go home and forget all about it. Common practice was to offer the mothers sedation in the days following delivery and then assume they would get on with their lives. The attitude was summarised as,

The obstetrician had a duty to urge the unmarried mothers to relinquish their babies to break the cycles of poverty and parental dysfunction and that adoption was a case where the rule when in doubt, do, should prevail (Marshall and McDonald, 2001, p. 2).

Laws (1979, p. 216) identified the groups of single young women who fell pregnant and subsequently sought abortions. They were either stupid for forgetting to use or for being unaware of contraception; mistaken in their choice of partner or in their decision to fall pregnant or they were promiscuous.

The voices then that the young women were hearing from the medical profession were an echo of what they had been led to believe themselves – they were foolish and irresponsible to have fallen pregnant and the best thing for them to do would be to adopt out the baby.

Social workers

Some social workers viewed unwed mothers as both ‘a social and a moral problem’ (Standing Committee on Social Issues, 2000, p. 15). The report goes on to record quotations from the Association of Social Workers 1964,

As for the problem of the unmarried mother herself, if she has by her own efforts or with help been able to give away the living symbol of her sin or mistake and pick up where she left off she is solving a social problem. If she keeps her child but needs no economic support she is

lost to public view. So, so far as is known she is no problem. She is paying for her transgression, and this is a morally satisfying assumption...If however she keeps her child and requires economic aids for the support of herself and her child she is not paying. Indeed it commonly appears that perhaps she is being paid for her sins, and by such payment, even encouraged to further sexual irresponsibility (National Association of Social Workers, 1964 cited in Standing Committee on Social Issues, 2000, p. 16).

In giving evidence before the Inquiry another social worker, employed by an adoption agency, stated unequivocally that the social workers involved with the single mothers were about adoption. That was their role. The traditional role of adoption agencies historically was to focus on the placement of children surrendered for adoption,

That was our principal purpose...we worked within the widely held presumption of that time that for an unmarried mother who did not have family support or partner support a decision to have the child adopted was almost inevitable. Social censure for mothers of illegitimate children was strong and there were few avenues of support (Standing Committee on Social Issues, 1988, p. 79).

Pope (1967, p. 555) is equally unequivocal about single mothers. Having an illegitimate child was a 'disastrous mistake that could only be made by someone who was immoral, stupid, and deviant or exploited'.

Loss and grief

The 1970s and 1980s saw a surge of medical and social research that sparked revolution in the understanding of health care professionals. This began with the documentation of the stages of grief through the work of people such as Kubler-Ross (1975) and Margaret Nicol (1989). This application of stage theory to perinatal loss has completely revolutionised attitudes to death and separation through miscarriage, stillbirth and neonatal death.

This new knowledge was applied to the care of the mother who had relinquished her child for adoption (Lamperilli and Smith, 1979). Although the perception that mothers who lose babies to adoption feel the loss more acutely and for longer than other mothers who have suffered loss (Winkler, and Van Keppel, 1984) may be disputed in the light of the work of Armstrong (1998), the enduring nature of parental loss and its consequences is supported by Armstrong's research. In spite of the considerable body of evidence that suggests that some mothers suffer prolonged psychological effects from the loss of their babies (Polsby, 1968; Burnell and Norfleet, 1979; Howe 1992; Mander, 1991; Mander, 1995; Wells, 1992), it was a long time before society acknowledged the grief of mothers who had lost babies to adoption (Lauderdale and

Boyle, 1994) or that the unresolved grief sometimes carried severe psychological sequelae (Ricarby, 1999).

Winkler (1984), Rynearson (1982) and De Simone (1994) surmise that unresolved grief in the birth mothers is related to the belief that she was coerced into giving up her child and the feelings of guilt and shame that accompany relinquishment. Further, mothers who signed the consents before they were ready to do so suffered prolonged and unresolved grief (Marshall et al, 2001, p. 62).

Bonding

The sense of all-encompassing loss described by the mothers later in this study is consistent with the developing insights into mother-child relationship as a continuum beginning in early pregnancy. The postnatal concept of attachment to the newborn was first described by Mercer as bonding in 1981 but understood in literature and practice before that date. Klaus described the attachment behaviour of mothers with their newborn in 1970, and the notion of pre-existing recognition of voice was supported by Decasper and Fifer (1980). In western society the major trigger for attachment is in the enface position with eye contact (Kaminski, 2004). In other countries where skin-to-skin contact is unhampered by clothes and mothers and babies co-sleep eye contact is not so important. Well before 1970 eye contact was prevented between mother and baby if the mother was planning to adopt. The concept of binding in to the unborn baby (Auvenshine and Enriquez, 1985, p. 170) describes a progression through acceptance

of the pregnancy, enjoyment of the pregnancy and love of the child, to the bonding with the baby after birth.

The evolution of knowledge about issues arising for children suffering parental separation has been demonstrated by the work of researchers such as Bowlby (1969;1975;1980), and Verrier (1994) and autobiographies such as Morgan (1987), Dessaix (1994) and Nannup (1992).

In spite of the voices that surrounded her and the unacceptance of her pregnancy, in defiance of the advice of society, the interventions of the professionals and of the status of her child some mothers did manage to keep their babies. Approximately 50% of single mothers kept their infants from 1950 – 1975, the years that recorded the highest number of adoptions in NSW (Appendix 8).

Summary of Chapter One

Between 1950 and 1975 the voices of the mob were giving mixed messages to the mother who found herself pregnant out of wedlock. She was irresponsible and a burden on society but a good girl. She brought shame on her family but provided a child for a couple desperate to have children. She was anathema to society but was newsworthy, fascinating and sensational. To be pregnant out of wedlock was morally irresponsible and created a possible burden on society but she could pay her debt to society and provide an ideal environment for her child by relinquishing the child for adoption and easing the burden for a childless couple. If she kept society's rules everything would work out for the best.

Kept invisible and hidden away the mother was caught in a web of silence until her baby was born and then, with the voices of the mob ringing in her ears, her arms aching to hold her child, her body reminding her that she had just given birth, and an ache in her heart that would not go away she was readmitted into society to take up the threads of her life.

The voices, like mobs anywhere, have spoken with recurring chants. Single parenthood, unless the result of separation through death or divorce was not, and to a lesser extent is still not, universally accepted. Reekie summed up the mood of the mob by writing of single motherhood as

A paradox at the heart of contemporary western culture... despite a relatively liberal social climate and the widespread acceptance of changing sexual and reproductive practices, many people continue to perceive unmarried parenthood as undesirable, disturbing, potentially troublesome, or just plain wrong (1992, p. 2).

From the mid 1970s the voices began to change with the law and the medical, nursing and paramedical professions accruing a body of knowledge that was to change their attitudes and to a degree the attitudes of society toward the single mother.

Most mothers were not aware of this growing body of knowledge about their grief and alienation. Pregnancy was an interlude, a time out from normal living, but the loss of their baby would continue to haunt their minds and their souls, 'the loss of a child is not a problem to be solved, something that one can get closure on, it is an open wound,

a change of status, an amputation which scars over but never really heals' (Cassidy, 1991, p. 135).

For a long time the mothers did not have the right of reply to the voices of accusation, blame and ridicule. The first whispers that have since risen to a howl of pain and protest were not audible until 1982 when *the National Adoption Conference* in Adelaide was the catalyst for the formation of the *Association of Relinquishing Mothers (ARMS)* which,

Enabled the coming out of women who had placed children for adoption; at almost every session they strongly, often fiercely put their views, expressing grief at the loss of their children and their anger at the social pressures which had forced them to place their children for adoption (Marshall & Macdonald, 1988, p. 12).

The mothers' voices increased in volume through fiction (Smith, 1991) and autobiography (Harkness, 1991, Barton 1996) and through Government processes such as the Review of the adoption Information Act 1990 and the Inquiry into Adoption Practices in NSW 1950 – 1998. The seminal work of Patricia Farrar (1999) gave academic credence to the pain of the mothers who told their stories when she presented her doctoral thesis *Relinquishment and abjection: a semanalysis of the meaning of losing a baby to adoption*.

The next chapter situates the study within the context of the *Inquiry into Adoption Practices in NSW 1950-1998*, identifies at least some of the questions that it raised, and the imperative for them to be explored.

Chapter 2

THE VOICE IN SEARCH OF TRUTH

The Research Problem

As stated in Chapter One the mothers who lost babies to adoption responded to the voices of the mob by calling for the Inquiry into Adoption Practices, and as stated in the Introduction this study was inspired by the experience of representing a church organisation and a hospital at this Inquiry; a challenging experience both emotionally and physically.

This chapter hears the voice of the Inquiry process in the search for the truth of the events and practices that surrounded adoption. It also hears the search for truth in the research questions generated by the Inquiry. The research problem is thus located where it was born – in the context of the Inquiry into Adoption Practices in NSW.

This study is not an attempt to analyse the decisions of the Inquiry or to pass judgment on the past. It is rather an attempt to observe the events that are being reported 'in relationship to the context in which they occurred' (Hammersley, 1990, p. 7). The observation will be through the eyes of two groups of women who were deeply involved in the events leading to the Inquiry. Through reading and listening to their stories it is hoped that there will come the beginnings of understanding of the truth and the meaning of the experience to these two groups of women and an understanding of

the learnings and organisational changes that have occurred since 1950 – the beginning of the period under research.

Although recalling an historical event the Inquiry is written in the present tense. This was originally unintentional but as it was reread the author realized that this is how it was – the stories of the mothers are for them frozen at a point in time and the Inquiry has that same impact.

The Inquiry into Adoption Practice in NSW (the Inquiry).

From the pain of the parents who had lost their children to adoption, and in particular from an adoption support group known as Origins came the request for an Inquiry into adoption practice in NSW. The mothers came to give voice to the enduring pain of having lost a child,

When you become a mother yourself, you will see how an unmother's body refuses to deny her motherhood. Her breast milk still begins to flow whenever you cry in the hospital or in your new mother's arms. Long after you were gone, and her breast milk had dried up, you were still out there somewhere...and she felt the pain of your absence more often than just on your birthdays (Barton, 1996, p. 103).

They also sought to express their frustrations with a system they believed had given them no choice, no name and no real recognition in society,

Birthmother," "Biological mother," "First mother," "The woman who gave birth to me," "Natural mother," "Real mother," "Relinquishing

mother," "The woman who gave me up for adoption," "Other mother,"
Whatever you want to call her, it was in her womb that the baby, who
was later adopted, began its earthly experience (Eve, 2004).

In June 1998 the Honourable Faye Lo Po' instructed that the Standing Committee
on Social Issues of the Legislative Council NSW Parliament inquire into, and report on:

- 1) The professional practices in the administration and delivery of adoption and related services, particularly those services relating to the taking of consents, offered to birth parents and children in New South Wales from 1950 to 1998;
- 2) Whether adoption practices referred to in clause one involved unethical and
- 3) unlawful practices or practices that denied birth parents access to non adoption alternatives for their child; and
- 4) if so what measures would assist persons experiencing distress due to such adoption practices.

The Committee will consider adoption practices in New South Wales
from 1950 to 1998. However, the primary emphasis of the Inquiry will
be on the practices occurring before the introduction of the Adoption
Information Act 1990 (Standing Committee on Social Issues, 1998, p.
3).

Newspaper advertisements attracted some 246 submissions by November of that
year. By the end of the Inquiry the committee had received over 300 different
submissions and received evidence from 57 witnesses. Participants included mothers
trying to deal with the pain of their past; mothers expressing support and affection for
those who were there for them in a time when they needed help; adopted children;
organisations, carers and government agencies who cared for the women and their
babies.

The Hearings

The public hearings for the Inquiry commenced in August 1998.

The hearings take place in Parliament House, Macquarie Street, Sydney, NSW.

One enters Parliament House via a bag and body scanner, like at the airport where it is suspected that you might have evil intentions and be carrying forbidden items. The rooms are formal as are the proceedings. The rooms are typically those used for parliamentary hearings, with the Standing Committee and the persons being interviewed virtually in a fishbowl with the observers all around or behind, depending on the configuration of the room. Most of the hearings are held on the ground floor in the Jubilee Room, a relatively small, square room that was originally the parliamentary library and is still heavy with accumulated knowledge. One enters via the door located in the centre back wall. There are other doors on the far wall but these never seem to open. A large, cedar, oval table surrounded by chairs upholstered in red leather, dominates the front of the room. The centre is cut out. The members of the Standing Committee on Social Issues sit on the far side of the table facing the audience. Beside them are the Director of the Standing Committee and the Hansard reporters. Those giving evidence face the committee, their backs to the main body of those at the hearing.

The Speaker's chair, large, high backed and cedar sits to the left and back from the table. It is unoccupied during the hearings, its dark green upholstery in contrast to the rich red of the chairs around the table. Two large globes stand at least five feet

high, like sentinels on either side of the table. One is the terrestrial globe purchased by the parliamentary library in 1868; the other the celestial globe purchased in 1861, (Parliamentary Archives, 1999).

Around all four walls about fifteen feet from the floor a two-tiered mezzanine is floor to ceiling with books - heavy, colour coded, legal tomes. In the centre of the ceiling is a stained glass window showing Knowledge, as a female face in profile surrounded by the motto. 'Knowledge is the mother of wisdom and virtue' – the origin is unknown but this seems almost eerily apt in the context of the Inquiry. Beneath the lower mezzanine balcony the walls are panelled, somewhat incongruously and in contrast to the solemn tone of the rest of the room in light green. The panels serve as support for a pictorial history of NSW in picture and text. At intervals around the side wall, and across the back wall glass showcases hold historical memorabilia. The chairs for the observers are green plastic and take up the rest of the room in about ten rows of twenty chairs per row. There are aisles down the centre and each side just wide enough for one person. The TV cameras and microphones occupy the area to the left of the front table. On the right there is space for two more rows of chairs. There is nothing integrated about this room. It is a mixture of solemnity and functionality; of tradition and technology; of planning and improvisation; of history neatly interpreted and preserved, and of history being made and sifted through in all its uncertainty and incongruity. The ceiling could well be a focal point of the Inquiry – for from true knowledge will come the wisdom to take the next steps, and the virtues of truth and courage so essential to the outcome.

All those to give evidence receive a summons and take the oath or affirmation. They state their name, occupation and official address and the role in which they give evidence. Despite warnings and threats to clear the gallery, interjections, interruptions and disagreements are common and disruptive. The level of emotion in the room is high and tears flow frequently from the mothers as they give evidence. The carers and policy makers appear less emotional but are obviously under some stress. Adoptive parents and adoptees also form part of the gallery and at times their emotions also overflow.

Prior to the hearings the questions are sent to those giving evidence. Unscripted questions may be taken on notice. Those giving evidence have the theoretical choice of having the media present, but in some cases, as in the case of the author, the chairperson of the standing committee overrules this theoretical choice of no media personnel in the room. The hearings are selectively reported on both radio and television.

Participants, particularly those giving evidence, dress formally and speak quietly, definitely and professionally. The evidence is presented in such a way that the observers and the Committee are to be convinced of the truth of this side of the story.

Spectator reactions vary during the sessions from angry interjections to tears. Warnings are issued. The gallery is not cleared.

At one morning tea break, the author is accosted by an attractive young woman with a toddler. The mother has identified a possible carer of the child she had lost to

adoption and is angry, not at the level of care but at the fact that someone else, a stranger, had cared for her child when it was her right. She is screaming 'What right did you have to care for my child when I should have.' The morning tearroom clears very quickly! It is for the author a defining moment. What right indeed unless given by the mother! Listening to this mother's story helps the mother defuse her anger. She suddenly stops screaming and says in an almost little girl voice 'I have my little girl's hospital records but I can't understand them. Can you help me?' And so the author does late one evening and a bridge is built.

The author gives evidence on behalf of the Sisters of St Joseph. Once the oath is taken the imperative to do justice to the evidence becomes even more pressing. There are some rumbles from the gallery but no real interjections as there had been on other occasions.

Throughout the sessions there is a feeling of them and us and someone will be right and someone will be wrong. To reach a point of real listening and reconciliation seems at this stage to be almost impossible.

The experience of the Inquiry is like being caught up in a maelstrom of raw pain, anger, fear, confusion and rejection. To avoid feeling the emotion is impossible. To remain objective over the evidence being given is difficult and in the course of one day's hearing one is torn with conflicting emotions. The pain of the parents is tangible; the anxiety, hurt and bewilderment of those who offered protection and service are equally palpable. One needs to take time to let the experience become part of the total story.

The hearings are suspended for the several months when Parliament is prorogued pending the state election. They resume in June 1999 with some committee changes. The committee is smaller now comprising five members instead of seven.

The Director of Centacare, the only other Catholic organisation represented at the Inquiry, commences with an apology for past hurts and mistakes. The atmosphere is markedly different from previous occasions. There are no mumbles and no interjections.

The Inquiry proceeds part in public hearing and part in confidence or in camera. Those who give evidence in camera speak just to the Standing Committee but agree for it to be part of the public record. Those who give evidence in confidence do so just for the information of the Committee and the evidence is not made public. In order to participate as fully as possible in the Inquiry the Sisters of St Joseph give all three types of evidence at different stages of the Inquiry. The results of a drug audit, conducted on a random sample of mothers who delivered at St Margaret's and released their children for adoption are presented in confidence. No evidence of inappropriate drug administration was found but it was felt important that the privacy of the mothers be respected as individuals could possibly have been identified by the year of delivery.

At the close of the Inquiry the following persons have given evidence either in public or in camera or confidence;

40 mothers

2 fathers

- 4 social workers or social researchers
- 1 medical practitioner from the Department of Health
- 4 representatives of adoption support or search services
- 4 medical officers (including one psychiatrist)
- 6 representatives from charitable organisations – including 2 Sisters of St Joseph
- 1 judge from the Family Court
- 1 representative from the Department of Births Deaths and Marriages
- 4 adoptees
- 1 set of adopting parents

Recommendations

There were twenty recommendations as a result of the Inquiry. Only one is of relevance to this research and that is Recommendation 17 which reads,

The departments, private agencies, churches, hospitals, professional organisations, and individuals involved in past adoption practices should be encouraged to issue a formal apology to the mothers, fathers, adoptees and their families who have suffered as a result of past adoption practices.

The paradoxical title of the book by Graham and MacDonald (2001) '*The Many Sided Triangle*' is indeed apt. The sides of a triangle are straight and bounded. The adoption stories know no boundaries and involve many more people than the three key players – the mother, the adopting family and the child. There is no simple way through

the adoption maze for it is enmeshed in the minds and emotions of those who have been involved in any way. In every group and in many individuals encountered in the course of this study is a story wanting to be told. The very processes designed to protect the mothers and their children have caused pain and anger; the people who set out to assist have been seen to have hindered; the adoption of one tiny infant has changed the lives of many individuals.

Aim of the Study

Through this study therefore an attempt will be made to identify a way forward in dealing with inquiry into past practice. In order to do this it will be necessary to identify the individual and organisational learnings for the Sisters of St Joseph during their years of care for Single Mothers by

- a. Hearing the voices of the mothers who have lost babies to adoption
- b. Hearing the voices of some of the Sisters of St Joseph who were involved in the adoption ministry in NSW.
- c. Identifying the issues, policies and practices for the mothers that gave rise to the Inquiry
- d. Identifying the changes in these policies and practices over the time spanned by the Inquiry, the reasons for those changes and the learnings for the Sisters of St Joseph.

Only then will any sort of apology hold true meaning and the journey to reconciliation and healing begin.

In the context of this study 'Sisters of St Joseph' as has been stated previously, means the Congregation of the Sisters of St Joseph of the Sacred Heart, represented officially by those in a leadership role who carry the responsibility of an appropriate response to the Inquiry and its outcomes. 'Sisters' refers to those Sisters of St Joseph who cared for the mothers who lost babies to adoption either during pregnancy or during birth and the post partum period. The Sisters of St Joseph are also referred to as Josephites.

The voices of the mothers have finally been heard and well documented. To date the voices of the Sisters have not been heard and the meaning of the events to the Sisters has not been understood. It is fifty years since some of the events took place. It is noted that none of the practices which caused such deep pain to the mothers, gave rise to the Inquiry and triggered this need for apology and reconciliation are in evidence today. The study therefore is a search for the learnings that have taken place over the fifty years and the changes that have accompanied these learnings. Knowledge and experience have changed perceptions of how things should be done.

Of the four church organisations who chose to participate the Sisters of St Joseph was the only religious congregation, some members of that Congregation who served in the adoption ministry are still living and some are still in active ministry in this field. Anne Derwin the Provincial of the Sisters of St Joseph in NSW wrote to the Sisters,

We believe that our Sisters have had a strong commitment to this ministry, in providing nursing care, accommodation and very practical

help to women who were very much the poor of their day. The ministry from its very beginning was indeed one inspired by Mary MacKillop. Our intention is to tell the truth of our involvement as best we can...The Sisters of the Province appreciate the fact that the Sisters have used their gifts in this particular ministry and assure these Sisters of our care for them as we respond to society's questions (1998).

In giving evidence at the Inquiry the author stated on behalf of the Sisters of St Joseph,

I have heard some mothers say that an apology would help. Others do not want an apology. Our practices as Sisters of St. Joseph have evolved with the times, and no doubt at times mistakes were made. Those who were hurt while in our care are entitled to an apology. We would encourage those who feel that they suffered while in our care to make contact with us so that their needs may be addressed. It is our sincere hope that this adoption Inquiry will be the means of determining measures to assist those who experienced distress due to past adoption practices (Transcripts of evidence, 1999, p. 149).

There are several ways of dealing with the aftermath of the Inquiry. The Sisters of St Joseph could wait for the aggrieved to come or the Congregation, as represented by the Leadership, could issue a formal apology. Neither is enough. Each approach only acknowledges half the story. Any sincere formal response to the findings of the Inquiry

needs to be based on a real understanding of to what the group is responding; how they viewed their part in the events in question; what they have learned about and because of the events leading to the Inquiry and the consequent changes in attitude and practice.

This study will now explore those parameters through the story of these Josephite women. The inquiry, true to its mandate, heard the facts of the Sisters' involvement and the policies and practices of the time. It is the intention of this study to use case study and comparative analysis to examine the meanings and perceptions behind the events as recalled by both groups of women. It is only when the stories are told and accepted, and the learnings named that care can be demonstrated to both parties. If reconciliation is needed it can then take place – be that in the form of an apology or otherwise. The research questions, generated by the Inquiry and clamouring for an answer then become;

Research Questions

Principal Question

1. How can inquiry into past practice promote an understanding of the personal and organisational learnings for a Religious Congregation and how have these learnings influenced the approach to ministry?

Subsidiary Questions

2. What are the events and practices under inquiry, revealed in the voices of the mothers and the Sisters?
3. How have these practices changed and what have been the catalysts for change?
4. What is the nature of the learnings that have accompanied the change?
5. How can organisational learning theory be applied, retrospectively to these changes?

Significance for the Learning Community.

In this context the learning community are all who are involved in the adoption story. This comprises all groups named in the membership classification table on page ninety one of this study and their extended networks. For all these the Inquiry and this study are a search for truth, though that truth may not be the same for all those involved.

In the paper *Reforming Learning, Curriculum and Pedagogy: Innovations for the New Century*, Patricia Malone (1999, p. 1) issues the following challenge,

One of the challenges for educators is to gain access to the truth ...it is often easier to inspire enthusiasm about the distant story than to help (learning communities) cope with their personal and inherited prejudice about the local reality.

Exploring truth is an issue that not only underpins education. It is fundamental to communication within a society. This paper responds to that challenge by beginning the search for the truth for the individuals whose lives have been touched by one local reality – single pregnancy and adoption - and by attitudes born of societal belief and practice.

The stories that unfold in the course of any inquiry are informed by the knowledge gained over the years between the time the actions under Inquiry took place and the Inquiry. For some of the people involved in this Inquiry that is over fifty years – two generations – over half a normal lifetime. The people are the same people but bring the wisdom, the learnings, the pain and the ‘creative potential of interrupted and conflicted lives’ (Bateson, 1990, 10) to the realities they are now trying to recall and express.

Some members of the learning community were not born when the events under study took place, and they are therefore informed by current discourses. What Bateson (1990, p. 10) refers to as ‘transfers of learning’ must take place within individuals and groups who seek to understand the past. Our learning here comes from history and story,

When we take a theoretically literate stance and then listen to the perceptions of others we are able to map out their emerging constructs ...compassion becomes possible and in the case of adoption, we are able to re-locate our understanding of it from an objective, homogenous untouchable reality to a socially and maintained entity.

Adoption becomes redefined, understandable, disempowered and demystified... Not only do we acquire a new understanding of adoption that is historically respectful and socially connected but those who have been consumed by the process understand what has been done to them. Blame for the unwanted and unintended effects of adoption is shifted away from the individual to the collective, organising human consciousness and a better way of knowing emerges (Delaney, 1997, p. 14).

Summary of Chapter Two

Those who were involved in the adoption Inquiry struggled to grasp the implications of the adoption experience on the mothers and their children, and to hear the truth of their experiences. The stories of all involved in the adoption saga need to be heard and understood. This includes the carers and policy makers as well as the parents and the adopted children.

Further, the changes and the learnings from the experience of working in this ministry need also to be named as a way of understanding the story. In this study it is the stories of the Sisters that need to be heard and the personal and organisational learnings understood.

Then when both parties have spoken their truth the opportunity exists to move on and to inform the learning community of a possible way forward.

In Chapter One of this study the voices of the mob were identified as being strongly influenced by the sociological, environmental, professional and religious climate of a specific time in history. This chapter has identified the questions that arose from the subsequent Inquiry. Those questions seek for the organisational learnings over the period spanned by the Inquiry. The next chapter describes the revolution and evolution of organisational learning, as part of the pathway travelled by the Sisters of St Joseph in the journey towards the answers.

Chapter 3

THE ORGANISATION LEARNS

It is what we think we know already that often prevents us from LEARNING (Bernard 1996).

The journey towards understanding past practice spanning a period of fifty years is a journey through the evolutionary and revolutionary process of organisational learning.

Some authors distinguish between the organisational learning and the learning organisation. At times this seems to be an artificial and academic distinction. Others use the terms interchangeably assuming that organizational learning is a characteristic of the learning organisation. 'All organisations are learning organisations. The question is whether or not the learning is adequate. There are issues regarding the type of learning and the rate of learning, but learning is ever present' (Robinson, Clemson and Keating, 1997, p. 228).

It is not the object of this study to identify the Congregation of the Sisters of St Joseph as a learning organisation but rather to see if the changes that have taken place over these fifty years in the ministry to single mothers are the result of organisational learning or if they simply reflect learning by individuals within the organisation. In demonstrating the Congregational learnings through this ministry it is imperative to explore, albeit briefly, the evolution of organisational learning and the revolution that learning initiates in organisations.

The Evolution of Organisational Learning

Evolution is the process by which organisms and species learn to adapt to their environment in order to survive and to grow. It is a process peculiar to living things. To speak of the evolution of organisational learning then is a paradox – organisations are not living organisms and therefore have no innate ability to evolve or to learn. Duignan (n.d. p. 6) resolves the paradox by referring to organisational learning as a metaphor for ‘understanding how people and systems within organisations adapt and change to meet emerging demands’ It is in the spirit of this metaphor that the revolution of organisational learning will be discussed in this chapter .

The study of organisations emerged in the early part of the 20th Century. Early development was both linear and logical, influencing and being influenced heavily by philosophers, society and the world environment. The scientific school of management with Gilbreth (1911) and Taylor (1911) directly reflected the military model of a world on the brink of war where precision; efficiency and time management were of the essence.

The end of the Second World War, the advent of peace and an era of relative prosperity saw the emergence of behavioural science research. Its application to organisations sired the next step along the evolutionary pathway with the emergence of organisational behaviour as a discipline in its own right. Thus the work of McGregor (1960) Maslow (1954), Herzberg (1966) and other human relation proponents shifted the emphasis from the product to the person, identifying the importance of motivation among adult workers.

Organisational development as a distinct entity emerged slightly later. Grieves (2000, p. 364) states that the origins of the two branches are impossible to disentangle but organisational development very quickly established itself as concerned with the three central tenets in any organisation the products, the processes and the performance (Grieves, 2000, p. 346). What is of relevance to this study is the performance, the organisational analysis and the concerns of those in the ministry under discussion.

Organisational learning is a mutation from organisational development studies spawned by the realisation that knowledge alone did not bring about personal growth and change (Grieves, 2000, p. 345). Grieves draws on Beckhard for this conclusion,

One does not learn to play golf or drive a car by getting increased knowledge about how to play golf or drive a car. Nor can one change one's managerial style or strategy through receiving input of new knowledge alone. It is necessary to examine present behaviour, experiment with alternatives, and begin to practise modified ways if change is to occur (Beckhard, 1969, p. 64).

There are multiple definitions of organisational learning which reflect evolving understandings and perceptions of the concept. The analytical and process orientated nature of many of these definitions (Spicer, 2002, p. 6) does little to describe the impact of learning upon organisations and the profound change that is occurring as a result.

The definition by Senge, (1993, p. 14) moves the concept of organisational learning into another dimension, encapsulating the fluidity, growth, and capacity for change inherent in organisational learning; refers to the collective nature of thinking and learning; does not discount the struggle and disorientation; and implies that such learning has an expansive dimension throughout and beyond the organisation. He states that organisational learning occurs where,

People continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together.

It is this creativity, collectivity and collaboration that are at the revolutionary heart of organisational learning.

The Revolution of Organisational Learning

The Macquarie Dictionary (1982, p. 995) defines a revolution as 'a complete change in something; to turn around; to come around in the process of time'. Kim (2003) traces the beginnings of organisational learning concepts to John Dewey in 1938, when in writing *Experience and Education* he described the cyclical nature of experiential learning. Organisational learning is both cyclical and revolutionary. Learners are embracing new concepts or revisiting and deepening existing ideas in a spiral of learning. Mills and Frieson (1992, p. 146) imply that this revolution will continue and that only

those organisations who 'keep up to date through learning will thrive in the turbulent and rapidly changing environment of the twenty first century'.

In response to internal and external stimuli and to a growth in understanding of learning, the theory, practice and development of organisational learning have taken organisations, and the people in them, into a spiralling, intertwining, complex and sometimes confusing series of 360 degree turns - from building blocks to quantum theory; simplicity to complexity; certainty to uncertainty; the individual to the group; the orphan to the owned; the institution to the environment; single to double loop learning: information to transformation.

Building blocks to quantum theory

Learning or pedagogy used to be in boxes. One interpretation of pedagogy, though not the only one, is that it is simply,

The art and science of educating children and often is used as a synonym for teaching. More accurately, pedagogy embodies teacher-focused education. In the pedagogic model, teachers assume responsibility for making decisions about what will be learned, how it will be learned, and when it will be learned. Teachers direct learning (Conner, 1997, p. 2).

In this context learning appeared contained and tidy. Organisational structure and training was also tidy. There was a time in the living memory of many individuals when

educational and training institutions generated information and students, to pass exams, imbibed and regurgitated the same information. Facts were absolute and undisputed and success depended upon retaining and repeating given facts like history dates, the Ten Commandments, spelling, nutritional values, signs and symptoms of disease, the mechanisms of childbirth, the generic names of unpronounceable drugs, the laws of physics or the dates of the wars and who was victorious. This was the learning style employed with children in schools, and applied to all training programmes,

Education has traditionally been seen as a pedagogic relationship between the teacher and learner. It was always the teacher who decided what the learner needed to know and indeed, how the knowledge and skills should be taught' (Hase and Kenyon, 2000, p. 2).

This was the learning environment for many of the Sisters of St Joseph as school teachers, health educators and learners (Burford, 1991, p. 268). These principles also applied to organisations where the success of the organisation depended upon everyone knowing exactly what their job was and doing it. The scientific school of management modelled by the military and adopted by most other organisations including schools, hospitals, church organisations and large corporations presented an ordered and predictable view of the world. This form of training, consistent with the military model and reflective of single loop learning or incremental learning no longer befits the learning organisation of the 21st Century (Hase and Kenyon, 2000, p. 1).

In striking contrast to this previously accepted and controlled view of learning, which is based on certainty and absolutes, is the revolutionary concept of organisation and subsequently of organisational learning that arises from the natural sciences and biomedical models. Capra (1982) uses the analogy of the human body as not just a collection of mechanical systems but a complex and integrated living whole based on components that constantly adapt, mutate and renew themselves. He transfers this analogy to social systems 'anthills, beehives and families' and draws on quantum theory to demonstrate the interconnectedness and dynamism of the universe and of its components in constant and unpredictable motion. This view of the universe and of its systems questions the concept of absolutes and emphasises the importance of interrelationship and interdependency, of movement and balance as in the paradoxical movement of neutrons and protons in constant motion around the nucleus. Capra concludes that 'the world view of modern physics is a systems view and it is consistent with the systems approach that is now being studied in other fields' (1982, p. 89).

Senge (1990) borrows from Capra in postulating that learning within organisations is predicated on the creation of an environment that facilitates learning, growth, creativity and generativity in such a way that the organisation not only survives and adapts but acts and thinks in a way that creates the future (Senge, 1990). Zohar and Marshall (1994, p. 1) use the metaphor of a 'free form dance company' and ground both metaphors by writing 'there is an uncanny and intriguing similarity between the way that quantum systems relate and behave and so much that we are now beginning to understand or hope for about human social relations'. They continue to write in

metaphor concluding that individual creativity is an integral part of organisational social structure, of development and learning just as the different parts of the brain must work in harmony and the dancers in a dance company must dance individually but in harmony and concert with the others.

This complete revolution in thinking is intermeshed with other changes in organisation structure and learning in the spiral generated by organisational learning.

Simplicity to complexity

Learning is not a simple concept and the acquisition of knowledge has become easier, much more accessible and yet more complex. There is complexity of motivation for learning, complexity in modes of learning, complexity in measuring learning and complexity in understanding the nature of learning, specifically adult and organisational learning.

The realisation that pedagogy, in its original meaning, was not appropriate to adult learners or to organisations sparked the need for change. 'It is important to avoid a one size fits all approach especially one that promotes a training classroom model of employee development' (Johnston and Hawke, 2002, p. 6). Consequently 'in the past thirty years or so there has been a revolution in education through research into how people learn' (Hase and Kenyon, 2000, p. 2). The progression through andragogy (Knowles, 1970) to heutagogy has been slow and is still evolving, Andragogy is the name given to adult education, based on self directed learning in a variety of modalities including distance education and learning packages.

The andragogic model asserts that five issues be considered and addressed in formal learning. They include (1) letting learners know why something is important to learn, (2) showing learners how to direct themselves through information, and (3) relating the topic to the learners' experiences. In addition, (4) people will not learn until they are ready and motivated to learn. Often this (5) requires helping them overcome inhibitions, behaviours, and beliefs about learning (Conner, 1997).

While andragogy is almost universally accepted as the basis of adult learning (Hase and Kenyon 2000, p. 2; Carrigg 2000, p. 27) there are limitations to the concept. It still requires a teacher – learner relationship and a need to move adult learners to a position of self direction and self determination. Brookfield believes that,

The challenge for the adult educator is to persuade, insist and cajole adult learners into accepting responsibility for their own learning, and then to challenge them to become critically reflective of both the process of their learning and its content (Brookfield, 1986, p. 287).

Heutagogy goes beyond andragogy and 'may provide the optimal approach to learning in the 21st century...Heutagogy is the study of self determined learning and draws together some of the ideas presented by ...various approaches to learning' (Hase and Kenyon, 2000, p. 2). Heutagogy therefore embraces a range of adult learning concepts including: using daily experiences in life and in work as opportunities for

reflection and learning (Long, 1990 p. 36; Hase and Kenyon, 2000 p. 4); action research (Kemmis and McTaggart, 1998; Stringer, 1996; Zuber –Skerrit, 1996; McNiff, 1992); and the constructivist approach to learning (Carrigg, 2000, p. 40).

There is a concomitant recognition of the need for a new type of learning in organisations by Argyris and Schön (1978). Their theory of single and double loop learning, like heutagogy, finds its genesis in the belief that ‘given the right environment people can learn and be self directed’ (Hase and Kenyon, 2000, 2).

Certainty to uncertainty

There is not ‘uniformity among learning cultures’ (Johnston & Hawke, 2002, p. 4). In a case study of six organisations which are deemed to have a learning culture these authors found that while there are certain characteristics that do contribute to the culture of a learning organisation they ‘rejected the frequently unstated assumption that a learning culture is a homogenous concept that manifests itself uniformly within organisations’.

The journey through the rapid and ever expanding tunnel of learning is a journey way out of the comfort zone of many in organisations. It involves moving away from the familiar and the certain into the unfamiliar and sometimes untried.

The process of relearning or unlearning (Probst and Buchel, 1999, p. 64) involves losing control of known situations and learning new ways of operating in the environment. The defences employed by individuals and by organisations under threat

of change have been extensively researched and described. Defences range from denial, anger and scapegoating (Arbuckle, 2000, pp. 131-133), to skilled incompetence, defensive routines, malaise and mediocre performance (Argyris and Schon, 1990 p. 64; Probst and Buchel, 1999, pp 64-72).

The shift from foundational knowledge, that imposed by the existing culture and based on the assumption that maintenance of the status quo and preservation of the existing organisational culture, is basic to allowing any organisation to take on a learning role. Elias and Merriam, (1995, pp. 121-122) describe foundational knowledge as,

The transmission of cultural heritage and the perpetuation of existing society. This concept is based upon assumptions that society will remain pretty much the same from generation to generation and the society's elders know that knowledge and skills are necessary for maintaining the cultural status quo.

Non foundational knowledge, on the other hand, assumes that there are no absolute or universal answers and that each community develops its own knowledge base over time. This moves the nexus of learning subtly from the management, or whoever holds authority, to the group. Knowledge then becomes constructed, deconstructed and reconstructed over time by use of the language, symbols and artefacts of that particular community. This concept of the continuous process of learning by the community, or non foundational learning, is recognised by Schön (1973), Brown and Gray (1997), Kofman and Senge (1993) and Handy (1978, pp. 31-34). The obvious must be stated

that each organisation will, over time create its own culture and that no two organisations or indeed branches of the same organisation will have the same unique culture – even though they may share some of the same heritage and artefacts.

The individual to the group.

The movements already described in this chapter point to another three hundred and sixty degree turn that is taking place in the organisational learning spiral and that is the shift from emphasis on the knowledge and skills of the individual to the wisdom of the group. Organisational learning is predicated on the ability of a whole organisation to take responsibility for learning. 'it seems difficult to shift our view of learning to something groups do and that it is a natural part of our day to day activity' (Gilly, 1997, p. 2). This responsibility is more than group tasks or incremental learning by people in groups; it is recognition of what constitutes learning and how it is incorporated into the day to day life of any organisation.

Cowan (1995) uses the image of the Native American Medicine Wheel. This is also evidenced in the Celtic wisdom of the four directions (Cowan, 2004) for it takes the rhythm of life movement from East through North and West to South through a cyclical vision of action, reflection, inner renewal and revisiting the vision. This is seen as both an individual and a group task, based on common knowledge and shared responsibility. For these ancient cultures learning and spirituality were not separated from the everyday life of the group but part of its rhythm. Cowan then sees learning as an everyday occurrence not as an isolated phenomenon. For this to occur the flow of

learning is between and across all levels of the organisation. This view of day to day on the job learning is supported by Cairns (1992, p 111; 1998, p. 91) and summed up by Gilly (1997, p. 5),

Learning should not just be seen as only occurring in special classes and workshops. Learning then shifts from mastery of discrete topics to learning about self, others, the organisation, and how to learn. Wisdom not expertise becomes the goal. Learning that is on going does not depend upon a qualified teacher or expert because learning occurs in groups of peers as they construct and reconstruct existing knowledge. Real organisational learning occurs when workers solve difficult problems that the formal system does not address.

The orphan to the owned

Some learnings are not recognised as learnings but are just a form of knowing. This is orphan knowledge which has become isolated and separated from where it belongs (Caddy, 2001, p. 2). It is to be distinguished from knowledge that is irrevocably lost to the organisation in that orphan knowledge can be 'mined' and therefore reclaimed as part of organisational learning (Zorn et al, 1999). In the for profit business sector the concept of orphan knowledge is aimed at success and profitability. To quote Lew Platt 'If (Hewlett and Packard) knew what (Hewlett and Packard) knows, we would be three times as profitable' (Walters, 1998, p. 4; Caddy, 2001,p. 2). Knowledge becomes orphan when those who hold the knowledge move on or leave the organisation and

take much of the knowledge with them. Very often the knowledge is not lost as it resides somewhere within the organisation in systems or in archives but it is orphan in so far as it is no longer in the mainstream and cannot be recovered unless someone knows where to look.

A relevant concept in the field of orphan knowledge is that described by Luther (1997, pp 77-78) in that an organisation retains the knowledge of how things are done but loses the rationale for doing them. In applying these concepts to Argyris' theory of action it would be the espoused theory of the organisation that becomes orphan and the rationale for a task becomes part of the theory-in-use by the individual. This will be explored further later in this chapter.

Any consideration of orphaned knowledge is incomplete without an understanding of the tacit and explicit knowledge that organisations hold. Polanyi (1966) understood tacit knowledge as fundamental to all knowledge. He implies that while explicit knowledge cannot exist without tacit knowledge; tacit knowledge cannot always be converted into explicit knowledge because 'we can know more than we can tell' (Polanyi, 1996, p. 136). Tacit knowledge is cultural knowledge, largely unarticulated, partly inherited, partly learned and is the filter 'against which we distinguish the particulars to which we currently attend' (Stenmark, 2002, p. 5). Explicit knowledge is articulated and accessible to all within the organisation through a variety of 'knowledge transfer media – data bases, internet, intranet, e-mail, telephone, presentations, seminars, meetings, workshops, work practices, mentoring' (Immeer and Jacepaa, 2004, p. 14). Some of

these media, particularly those involving human interaction, also transfer tacit knowledge.

Tacit knowledge is orphan more readily than explicit knowledge as it depends exclusively on social transaction and intellectual capital (Caddy, 2002, p. 4). It is however possible to withhold the passing on of access to explicit knowledge which may then become orphan.

Institution to environment

An essential element of the change that is organisational learning is the ability to look beyond the organisation to the organisational environment. 'In an economy that has become global no organisation can succeed in isolation' (Raymond et al, 1999, p. 2). For the business and profit sectors this involves watching competitors and the markets in order to determine threats, opportunities, new research and inventions, market trends and competition, world events and global unrest that may have an influence on the business. Knowledge of the business environment and use of that knowledge has become an imperative (Correia and Wilson, 1997; Aquilar, 1967; MacDonald, 1995; Corner, 1994; Hedberg, 1981).

For the religious congregation or learning organisation involved in ministry there are equally compelling imperatives. Most religious congregations were founded to serve those ignored or neglected by society. These were often the poor, the marginalised, and the socially unacceptable. These groups are not constants in society as groups become impoverished through changes in the economy and in world events. In 1866

when the Sisters of St Joseph were founded the needs as identified by Mary MacKillop and Julian Tenison Woods were 'the pious education of poor children...to which may be added, where circumstances allow, refuges for destitute persons' (Woods, 1867, p. 3). The Second Vatican Council exhorted 'all the Catholic faithful to recognize the signs of the times' (Vatican Council, 1996, pp. 449; 165). For religious congregations this meant among other things to continuously monitor those ministries in which they were involved to ensure that they were in harmony with the founding spirit of the Congregations. For those in the social welfare ministries it meant being or becoming aware of the changes in church and society that impacted on that particular work of the Congregation and to be alert to the implications for both the Sisters involved in the ministry and those whom they sought to serve. This need continually to reassess ministries creates a tension between 'the personal, tacit knowledge of individuals who develop creative insight, and the shared, explicit knowledge by which the organisation develops' (Nonaka and Takeuchi, 1995, cited in Choo, 2001, p. 12). This creative tension leads to the generation of new knowledge within the organisation.

Organisations use techniques of environmental scanning to gather information about their competitive and market environment. This process and the information considered significant varies significantly according to who undertakes the scanning and for what reason; the size and age of the organisation, and its technological capability. Methodologies range from electronic sources of scientific and technological information with international on line systems, through localised collections of journals and relevant literature to networking with peers and regulatory bodies. The methods of storage,

handling and dissemination of data vary according to the size and staffing of the organisation (Correia and Wilson, 1997, p. 14).

Choo defines organisational scanning as,

The acquisition and use of information about events, trends and relationships in an organisation's external environment, the knowledge of which would assist management in planning the organisation's future course of action (1998, p. 72).

In later writings he maintains that no organisational decision making is totally rational as completely rational decision making requires processes of information gathering and synthesising 'beyond the capability of any organisation' (Choo, 2001, p. 12).

For religious organisations, while understanding of the environment and of the culture surrounding the particular ministry remains important, no decision making is ever completely rational. There is a faith element in the lives of religious women and men that defies rationality. Environmental scanning for religious congregations is about being aware of the needs and of the competing priorities in existing and possible alternative ministries.

Levels of Learning

The shifts that have occurred and are occurring in organisational learning have been variously described in the literature. The organisational psychologists and theorists who synthesize organisational theory 'concentrate on mental processes and cognitive interactions with the environment' (Probst and Buchel, 1997, p. 14). They recognise

and articulate emerging models of learning that are multi faceted; located with learning environments; encouraging of adult learning modalities; initiated and implemented at all levels of the organisation; cognizant of the learning potential in change and uncertainty; communicative and inquisitive; challenging to existing rules and norms; and are the result of and result in reflection on the learning process. These concepts of levels of learning have been variously classified in the literature.

Single to double loop learning

For the purposes of this study the terminology of Argyris and Schön (1978 / 1996) has been adopted and learning referred to as single loop, double loop and triple loop learning. In early works Argyris (1957, 1962, and 1964) conducted research and developed arguments around the relationship between people and organisations by exploring individual reactions, adaptation and survival in the organisations in which they were employed. Building on the findings from this research Argyris and Schön (1974) developed their theory- of-action which is the way individuals respond to a particular situation. This they contend may take two different forms – espoused theory and theory-in-use.

Espoused theory is the theory of action which is advanced to explain or justify a given pattern of activity. It is in colloquial terms the party line – the official stance of the organisation often enshrined in philosophy, vision, mission statements, in policy documents and in *Constitutions*. It may also be contained in letters and memos.

Theory-in-use refers to the theory of action that is inherent in any pattern of activity. This is frequently unstated and must be inferred from behaviours and outcomes,

Like the rules for collective decision and action, organisations theory - in – use may be tacit rather than explicit and tacit theory–in–use may not match the organisations espoused theory. An organisation’s formal documents, such as organisational charts, policy statements, or job descriptions not infrequently contain espoused theories of action incongruent with the organisations actual patterns of activity (Argyris, 1974, P. 7).

In later works Argyris still contended most individuals are totally unaware of the motives (or mental maps) that guide their actions and reactions in any given situation (1980).

The place of mental maps

Argyris and Schön developed their theory of single and double loop learning in 1974 as an extension of their contention that actions follow personal or collective mental maps. Consequently at any given time individuals may actually be acting out of a personal theory-in-use rather than the espoused theory of the organisation. Personal theory-in-use may or may not be consistent with the values and espoused theories of the organisation but may achieve a desired result. The three essential elements identified by Argyris and Schön (1974) and described in Smith (2001b, p. 1) in understanding individual theory-in-use are:

Governing variables: these dimensions that people are trying to keep within acceptable limits. Any action is likely to impact upon a number of such variables – thus any situation can trigger trade-off among Governing variables.

Action strategies: the moves and plans used by people to keep their governing values within the acceptable range.

Consequences: what happens as a result of an action? These can be both intended – those the actor believes will result – and unintended.

In addition these consequences can be for the self and / or others.

When organisations change in response to errors or deviations from stated norms (espoused theory) or recognised parameters (governing variables) several types of learning may be deemed to have occurred depending upon the type of change and the depth of perception behind that change.

Single loop learning involves an automated response, born of expediency and experience (Hedberg, 1981, p. 4). Specialised and skilled workers recognise and correct errors on the spot without necessarily being aware of the concepts underlying the error or the work processes (Fiol and Lyons, 1985, p. 803). Dubbed 'learning by doing' (Bell, Whitehall and Lucas, 2003, p. 6) single loop learning relies heavily on the skill of individual workers. Success for the organisation depends upon these workers passing on their skills. If these skills are lost the organisation suffers. There is limited opportunity for introducing more complex systems without significant training as the

workers are task orientated and do not work from principles. There is little or no reflection on past actions or on the underlying concepts that drive those actions. There is therefore no change in mental models or in theory-in-use. In short 'single loop learning is about incremental improvements to existing practice' (Davies and Nutley, 2000, p. 1). Within its existing frame of reference an organisation may improve and grow but there is minimum potential for change if learning stays at this level and none for radical innovation or lateral thinking. It generally works to maintain the status quo at the highest level of efficiency and proficiency. If they remain within the single loop framework neither workers nor managers can be aware of the gulf between the stated goals and values of the organisation and the tacit goals and values of the practitioners,

(Single loop learning) often involves learning from mistakes which implies a focus on past behaviour as a source of learning. While efficiencies may still accrue to the organisation, this approach is akin to walking backwards into the future. Learning, in this context has little relevance for guiding strategy to meet future objectives and for changing organisational processes and mental models (Bell et al, 2003, 6).

Double loop learning as the name implies, goes beyond the simple correction of error to the reasons behind the error, and the theories and assumptions that form the espoused theory of the organisation. As with single loop learning this concept has been expanded and elaborated upon in further studies. Referred to as generative

learning (Leonard & Barton, 1992: cited in Johnston and Hawke, 2002, p. 17) double loop learning is based on the ability of the organisation to change its world view by going beyond incremental or single loop learning. This can be achieved only if the learner is willing to question the relationships and assumptions that form governing variables and theories in use (Argyris, 1974). Hargrove (1995, p. 27) describes double loop learning as 'learning to do things differently as opposed to doing what we already do but doing it better.'

McElroy (1999, p. 1) applies double loop learning to the concept of knowledge management within organisations. He refers to 'second generation knowledge management' as that which enables the practitioner to question the operating theories of an organisation and not simply to assume that they are valid in a rapidly changing world. He extends the maxim of 'getting the right information to the right people at the right time' to actually questioning the knowledge structures themselves – to revisiting codified and established practice.

Information to transformation

Transformational learning is an emerging concept in both organisational and education literature. The term is applied differently by different theorists. Some large corporations equate transformation with double loop learning using the term whenever incremental change is accompanied by system wide change in values and world view (Senge, 1998, p. 15). Others describe transformational learning as the capacity of an

organisation to reflect on practice and to understand themselves and how they learn. This is also known as deutero learning (Argyris, 1994) or 'meta learning' ,

One further, usually underdeveloped, aspect of learning capacity is the ability of organisations to learn about the contexts of their learning- when they are able to identify when and how they learn and when and how they do not and then adapt accordingly. Thus, successful learning organisations build on their experience of learning to develop and build new learning strategies. This can be thought of as learning about learning (Meta learning) (Davies & Nutley, 2000, p. 1).

Monaghan (1999) refers to transformational learning as triple loop learning, a development of Single and double loop learning - a process by which players in an organisation undergo a 'seismic shift' in their view of themselves. She writes,

Something that we thought and felt (and had manifested in our behaviours) has come into question. We may feel exhilarated, stunned, shocked, humiliated, disoriented, and/or depressed at points during this process; the change may happen gradually or all of a sudden but in this particular context we will never be the same (p. 4).

Monaghan has used this concept in developmental work with organisations specifically in use of the Enneagram as a tool for working with executives and teams in the areas of leadership and change theory. She contends that the move to transformational learning is the most difficult to achieve because it involves the

admission of the need for personal change as opposed to changes in process or design. Mezirow (1988; 1991) uses the terms transformation and transformative interchangeably to describe learning that is personally challenging at both the intellectual level and at the level of values and world view. Carrigg (2002, p. 214) concurs with the personally life changing nature of this type of learning,

Transformational learning is a way of considering learning which is distinct, recognisable, deeply personal and complementary to other ways of making meaning from knowledge. It is a particularly adult form of learning because it demands critical reflection upon the self and is not confined to the learning associated with identified stages of psychological development. It can be disorientating, disconcerting and difficult and yet at the same time liberating and potentially empowering for individuals.

Application of Single and Double Loop Learning

Application of single and double loop learning theory is usually performed by educators and researchers in real time and predicated on the identification of theory-in-use of the participants (Dick and Dalmau, 1900; Argyris and Schön, 1996). The retrospective application to identify types of learning therefore presented a challenge. Correspondence with Chris Argyris indicated that using his model of application may be possible if participants could remember conversations well enough to identify theory-in-use. While some participants could do so it was not universal. Further search of the

literature revealed that Raymond, Bili and Thibault (1999) had further developed the theory of single and double loop learning in a way that is not dependent upon identification of theory-in-use and is therefore applicable to this thesis. Rather they had built upon the work of Probst and Buchel (1997) to adapt the model to 'new forms of organisation' (1999, p. 2). The authors determined that in networked organisations learning occurs when part of the organisation gleans knowledge that is of use to the organisation as a whole. This learning may be acquired at any level of the organisation and is dependent upon communication and synergy between levels of the organisation. In this model the essential components of learning are the acquisition, sharing, interpretation and recalling (or remembering) knowledge gained. Raymond et al (1999) also introduced the concept of collective learning as a type of learning that takes place across levels in networked organisations,

When the firm refers to its membership in the network in order to make decisions, this process has matured to the point where it transcends organisational boundaries, namely a form of collective learning has been achieved (Favela, 1997, cited in Raymond et al, 1999, p. 6).

This study applies the principles developed by Raymond et al to levels of learning in the ministry to single mothers, by identifying the acquisition, communication , interpretation and internalising of knowledge gleaned from or applicable to the adoption and other ministries under the care of the Sisters of St Joseph. In this context single and double loop learning assume a wider application than that first defined by Argyris

and much more applicable to the current organisational culture. This is further discussed in Chapter Four.

Summary of Chapter Three

Organisational learning is a metaphor for the significant and continuous change that is taking place both locally and globally in organisations. This change is a response to both the external and internal environment of any organisation and it involves change at the personal, organisational and networking levels.

From the regimentation and predictability that characterised both organisation and education for the first half of the twentieth century, organisations are becoming more interactive, fluid, decentralised, deinstitutionalised and both proactive and reactive in a labile and volatile environment.

Recognition of the learning potential of all in an organisation has led to devolution and delegation of responsibility and an increased recognition of the importance of individuals within the organisational structure. More and more individuals are encouraged to become self- motivated and self-directed learners.

Learning theory and models of learning reflect this change with a movement from single loop or incremental learning through double loop or organisation wide learning to triple loop or transformational learning which involves reflection on the learning process. Among the theorists are Argyris and Schön whose theory of single and double loop learning was the prototype of learning that went beyond the incremental learning previously described in the literature.

Among those who applied and developed these theories were Probst and Buchel (1995) and Raymond, Bili and Thibault (1999) who refined the model beyond its dependence on identification of theory-in-use and developed a set of variables for determining the level of learning in networked organisations. In the following chapter the methodology for hearing the stories of the mothers and the Sisters; for understanding the issues and the learnings, and for adapting this model to the individual and organisational learnings for the Sisters of St Joseph, will be explored.

Chapter 4

UNDERSTANDING THE LEARNINGS

Methodology

Chapter three identified the levels of organisational learning and the model of single and double loop learning as adapted by Raymond, Blili and Thibault (1999). This chapter will apply this methodology in identifying and understanding the learnings that have evolved for the Sisters of St Joseph through fifty years of ministry to the single mother.

The meaning of the adoption experience for the mothers as it emerged through the Inquiry will be used to inform the research into the learnings from the ministry for religious women who worked in it for many years. Through interview and literature this study will identify the learnings that have occurred, the attitudes that have been strengthened and those that have changed in the light of new and evolving knowledge.

Finally the personal and organisational learnings for the Sisters of St Joseph will be named using the model of organisational learning adapted by Probst and Buchel (1997) and applied by Raymond, Blili and Thibault (1999).

Wolcott (1973, p. 112) writes 'the anthropologist views culture as process, recognising that it is ongoing, elusive and always being modified. The ethnographer attempts, at least figuratively, to stay that process, to hold it still long enough to make a sketch of it'. The aim of this case study is to do both, to hold memory suspended long

enough to sketch the evolving culture and events, with some accuracy, through the stories of the mothers and the women who once cared for them, and to identify the learnings, reflections and changes in a new time and a different culture.

Methodology

Case study is used to recreate the culture of the period under study and to heed the voices of the mothers, and the Sisters who were responsible for their care. This methodology has been adopted by researchers 'in situations where theoretical propositions are few and field experience is still limited' (Raymond, Bili and Thibault, 1999, p 10). Two distinct subjects are identifiable in the study; the mothers who gave evidence at the Inquiry and the Sisters who cared for them. Analysis of the mothers' evidence in the Inquiry is used to inform the data from the second case study.

The Case Study

The definition of the study sample of the mothers was determined by the women who have given evidence at the Inquiry, their age at first birth and the year of the delivery of their child. Document analysis and narrative analysis were the principle mode of data collection for the mother's stories. In the context of this study narrative analysis is understood as 'focus upon the stories of individuals as stories with meaning' (Blumfield-Jones, 1995, p. 71). Participant observation was employed both in the stories and the actual Inquiry process. Document analyses of archival data contextualised the study.

The mothers' evidence and the historical data gave background and context to the stories of the religious women who comprised the carer group. The Sisters' stories were used in a constructed dialogue (Johansson, 2003, p. 1) with the mothers' evidence to focus on the specific issue of the learnings through the perceptions of the group rather than on the life histories of the individual participants. The stories are a means of understanding the journey and the learnings through the adoption ministry. The case study is therefore the instrument used to identify the issues rather than a history of the ministry itself. This is consistent with Yin (1984, p. 23) who sees the case study as the most appropriate methodology to investigate a contemporary phenomenon in context, particularly when the boundaries between the phenomenon and the context are blurred and when more than one source of information is available.

It is possible to understand the physical environment of the carer group and of those mothers who spent their pregnancy in these institutions as the physical layout of the buildings is well known both to the author and to the case study participants. Many of the statues, icons and religious symbols have been preserved or are identifiable through photographs.

An interactive model adapted from Miles and Huberman (1994, p. 428) demonstrates the process used to collect and analyse the data below. This was a fluid ongoing and interactive process as the data gathering progressed, thus uncovering what the stories mean to the storytellers, the mothers and carers.

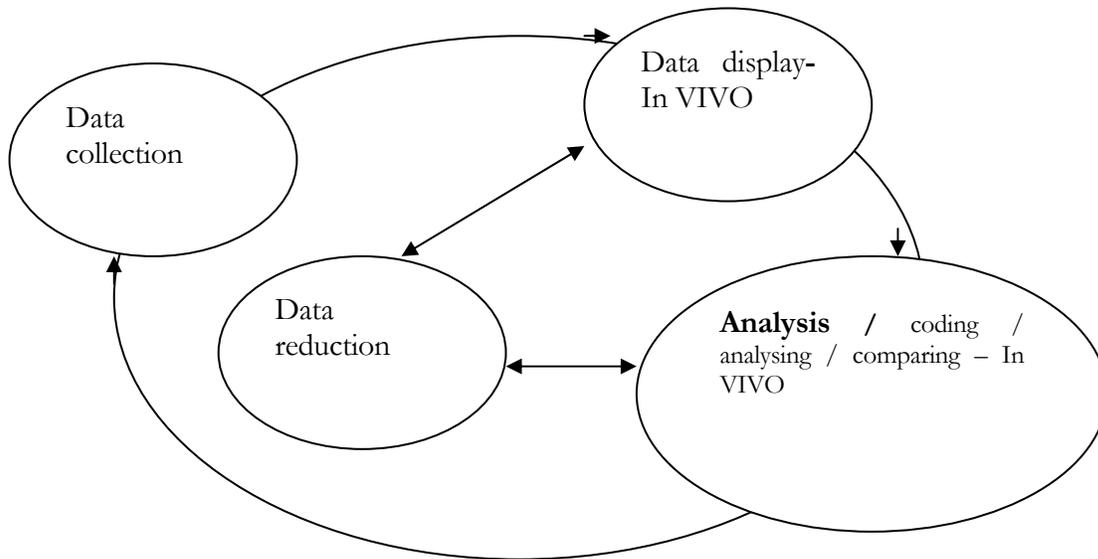


Figure 3 Data Collection and Analysis

Consent

Consent was sought and obtained from the participants (Appendix 1; Appendix 2). Although some stated that they did not recall detail no one refused interview or was unwilling to cooperate. It is to be noted that the name of the study was changed from '*Facing the Past*' subsequent to this consent being given. Clearance was also sought and obtained from the Human Research Ethics Committee of Australian Catholic University [now ACU National] (Appendix 3).

Data Collection

Semi structured interviews and focus groups

Sisters who had worked in the ministry with the mothers were identified through congregational records and by word of mouth. Some stated that they did not recall detail and preferred not to be interviewed. Others who were available for interview had not been working in this particular ministry covered by the years of the study. In all twenty-five interviews were held. Three interviewees have since died. One was literally on her deathbed at the time of interview but was keen to participate. Her body was frail but her mind clear. This was a humbling and emotional experience for the author. Two others, now elderly, had early memory loss and the accuracy of recall was questioned on medical grounds. Their evidence was not included in the study. The data from the Sisters of St Joseph interviews were collated in 2001 and is referenced as Sisters of St Joseph. Some of the quotations from the Sisters are from the evidence given at the Inquiry and are acknowledged as such.

Many of the Sisters have returned to their home states to work or to retire. Research therefore involved interviews conducted in three Australian states. Themed interview was used to assist the participants to tell their stories of time spent in the adoption ministry. Participants were also encouraged to share reflections and anecdotes. The initial interviews were semi structured with prompts provided by the interviewer (Appendix 4). Participants were also encouraged to share reflections and anecdotes. Sisters who were interviewed were selected within the bounded system of

the case study (Stake, 1995). To be eligible for interview the Sisters needed to have worked at St Margaret's Hospital or St Anthony's Home between 1950 and 1998 and had been in a position which included responsibility for one or more of the following,

- the clinical care and decision making of the mothers on a daily basis
- overall administration and policy in the care of the mothers
- taking consent for adoptions
- care of the mothers or of the babies prior to the Adoption Act of 1965.

Interviews were conducted over a period of eighteen months in three Australian States. In NSW and South Australia these took the form of individual interviews. In Victoria the participants requested focus groups. The necessary climate of trust was facilitated by the interviewer's role as participant observer at the Inquiry and known to the interviewees. The climate for mutual disclosure (Egan, 1990, p. 2) had already been established.

A second round of participant interviews focused on the meaning of the experience of working with single mothers and their babies between 1950 and 1998. Many of the participants had already volunteered this information during the first round of interviews. Participants were encouraged to share experiences, reflections and perceptions of this segment of history through use of empathetic listening, respect, selective responding and probing (Egan, 1990). Some interviewees provided reflections in writing following the interviews; this was not requested but freely volunteered by the participants.

The Sisters are not identified during the study; the quotations are identified by page from the interview transcripts. For consistency quotations from the mothers are identified the same way, even though the Inquiry data are a matter of public record. The use of pseudonyms was considered inappropriate as the Sisters would be easily identifiable to other members of the Congregation and perhaps even to others reading the dissertation.

Document Analysis

The document review assisted in identifying the changing context of adoption, the professional involvement of the Sisters of St Joseph and most particularly the changes in espoused theory of the Congregation. The documents related to the context of adoption, legislation, data from the Bureau of Statistics, Congregational Documentation and the transcripts from the Inquiry.

Learning from inquiry

The author was unable to find any literature related to the learnings from inquiry into past practice. There is some evidence that the work of Farrar (2001) informed the *Inquiry into Adoption Services in NSW 1950 – 1998*, but to date no work appears to have been done on the possible learnings emanating from, or spawned by such an inquiry.

Legislation relating to adoption

Legislation affecting adoption has both influenced and been influenced by societal values and attitudes to marriage, childbirth, and adoption. This has been described in Chapter One. Pertinent legislation was tabulated and analysed according to how it reflects a changing culture of adoption and single parenthood.

Bureau of Statistics- numbers of adoptions in NSW.

These were graphed to demonstrate the changing patterns of adoptions over the period of the Inquiry, and to deem the extent of the issue under study.

Congregational archival material - history and correspondence

Documents such as letters and ministry lists; Congregational and institutional histories, photographs, Inquiry transcripts, newspaper records, celebrations and memorials were used continuously throughout the study to situate and validate the data gleaned through transcript and interview. Official documentation, *Acts of Chapter*, *Constitutions*, and *Traditions and Practices* were used identify the changes in espoused theory of the Congregation.

The language and quotations also helped identify the culture and attitude of the different decades. The archival data from Victoria is of particular significance. It includes the foundational values for the adoption ministry for the Sisters of St Joseph in a letter written by Mary MacKillop (1901). These archival data also contain photographs

from both St Margaret’s Hospital and St Anthony’s Home; annual reports from both institutions and published and unpublished histories.

Policy documents St Anthony’s Home and St Margaret’s Hospital

Unfortunately the importance of preserving policy documents was not recognised prior to the mid 80s so much of the written policy up to that time is lost. There were however some very strong oral traditions.

The mothers’ evidence – from Inquiry transcripts.

These form the basis of the mother’s stories and identify the relevant issues, policies and practices arising from the Inquiry.

Membership classification device

Key players emerging from the data were classified (see table below) by the use of the Membership Categorisation Device (MCD) (Silverman, 1993, p. 84). These classifications are be used for identification throughout the paper. Some of the players have dual roles: Some mothers and carers are also adopted children. Where duality is significant it is named.

NO.	MEMBERSHIP GROUP	Data Sources
1.	Government Agencies (Policy makers)	Legal Documents Bills and Acts of Parliament Historical Documents

NO.	MEMBERSHIP GROUP	Data Sources
		Inquiry Transcripts
2.	Mothers (Birth Mothers)	Research Informal Interviews Inquiry Transcripts
3.	Children	Research Inquiry Transcripts
4.	Adopting Families	Research Inquiry Transcripts
5.	Carers, Nurses,	Interviews Research Inquiry Transcripts
6.	Social Workers	Research Inquiry Transcripts

Figure 4 Membership Classification Device

From this table the two groups pivotal to this study were identified; the mothers who lost babies to adoption and the Sisters of St Joseph who worked with them.

Observer Participation

Hammersley (1990, p. 57) refers to the 'confessional' mode where the researcher is part of the group to be studied. Burdell and Wadener (1999, p. 21) endorse the concept as a prelude to dialogue and social change and as a way of allowing 'us to enter the worlds of others in ways that have us more present in their experience while better understanding our own'. The author has included her own experience and perceptions

as Sister of St Joseph, trainee midwife, midwife, neonatal nurse and Director of Nursing in the care of the women who lost babies to adoption and of their babies. The author's role as participant observer provided the setting for the telling of the Mothers' Stories within the context of the Inquiry.

Data Analysis

The challenge in this study is the interpretation of the perceptions that surrounded the same events – the conception, gestation, birth and adoption of a child out of wedlock - for two groups of women in the same period of history.

The dates of the Inquiry and the historical facts situate the events that hold meaning and significance to those interviewed but will not be used to verify the accuracy of the perceptions of the participants. They will however be used to maintain perspective. The search is for fidelity to what the experiences meant and mean to the individual storytellers, rather than to the historical accuracy of the narratives (Blumfield Jones, 1995, P. 99).

The response of the Sisters of St Joseph to the policies and practices surrounding adoption in their historical context has already been made in the evidence given at the Inquiry. The analysis of the data, the evidence and the interviews was a search for meaning for the two groups of women to whom the Sisters of St Joseph have a pastoral responsibility in the wake of the adoption inquiry. More significantly the analysis will identify significant changes in policy and practice and the learnings for the Sisters of St Joseph in the course of this ministry.

Coding

Using NVivo the data collected from the mothers and the Sisters were systematically collated, coded and analysed for themes, patterns, catalysts for change and type of learnings. The coding was done in two stages for each group – the initial coding to extrapolate commonality of experience and the search for meaning. A third set of coding was then done for the Sisters' data to identify significant learnings. NVivo uses a system of nodes to collate the data. These nodes may be either free or in trees. In trees a node is linked to a parent node above it and to any number of children nodes below it. Nodes linked to the same parent are known as sibling nodes. In the coding tree nodes were used in the following sequences.

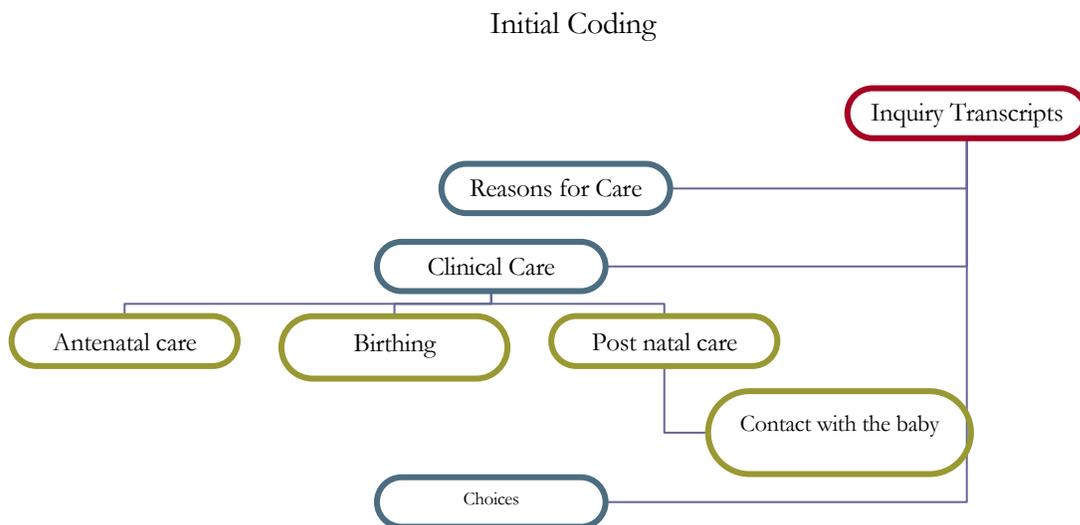


Figure 5 Initial Coding

The findings from the initial coding were tabulated to compare the perceptions of the two groups as to the usual sequence of events. This was verified from the document analysis data.

Making meaning of the experiences

The initial data were then reorganised under the following tree nodes to go beyond the factual data to the meaning of the experiences,

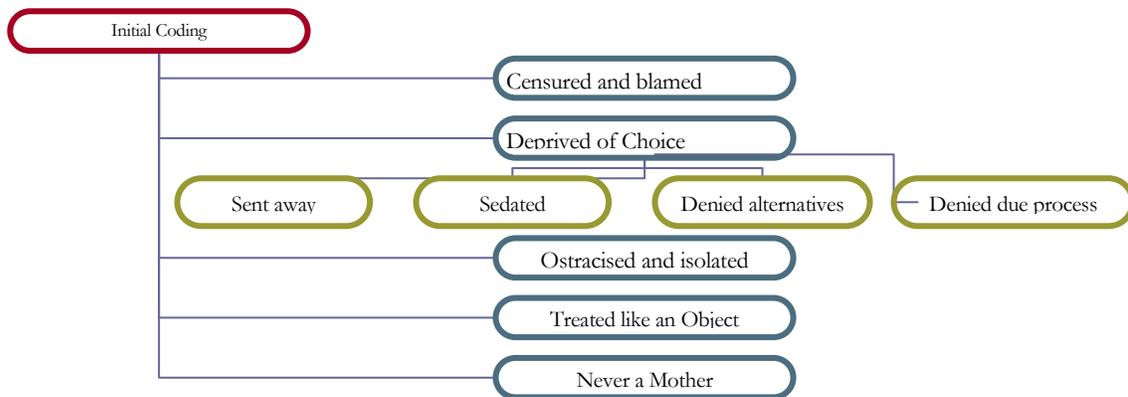


Figure 6 Mothers' Perceptions - Coding

The purpose of this second set of coding was twofold. Firstly to identify their interpretation of events from both groups of women; secondly to extrapolate the meaning of the stories for those involved according to the discourses that informed

them then and now. The headings were chosen from recurrent themes in the mothers' evidence. The Sisters' data were further coded into the following nodes,

Sisters' Reflections

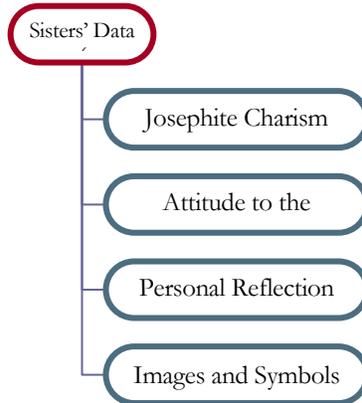


Figure 7 Sisters' Reflections – coding

The concerns of the mothers, that they were censured and blamed; ostracised and isolated; deprived of choice; treated like an object and never a mother, were categorised into key issues. From this data also and from cross reference with the Sisters and the historical data the policies and practices that contributed to that issue were identified. These policies and practices have changed. The data from the Sisters were examined to identify the nature of the change in the practice and the catalyst for that change. This was supplemented and / or verified from historical and archival data as well as pertinent literature.

These changes were examined individually to identify the type of learnings according to Argyris and Schon's model (1978) as adapted by Probst and Buchel (1997)

(See figure 8, following page). In this model Single loop learning 'is a reaction of the organisation to changes in its internal and external environment' (Raymond, Bili & Thibault, 1999, p. 6). Practices change locally without any change to fundamental values, stated policy, organisational structures or espoused theory. Learning and change are motivated by the recognition of divergence between what is expected and what is being done.

In this context single loop learning is classified as learning that takes place in one of the organisations under study in response to requirements from the department of health and / or community services; changes in church structures e.g., Catholic Adoption Agency; changes in the laws regarding adoption. Practices change to accommodate the requirements but there is no change in the fundamental structure of the ministry, in the reasons for maintaining the service or in the espoused theory of the Congregation. The **actions** of the participants change but there is no change in goals, objectives or priorities.

Double loop learning involves significant change in the relationship with the environment involving a significant change in priorities. Local policies, procedures and relationships are significantly changed and values redefined. There are changes in **goals and objectives** according to the stated criteria.

Collective Learning is said to occur when the individual **organisation refers to its wider network** to assist in decision making (Raymond et al, 1999 p. 6). In this case the network is the wider Congregation and the point of reference is the espoused theory of

the Congregation as reflected in Congregational documentation such as *Constitutions, Traditions and Practices* and *Acts of Chapter*. This espoused theory is reflective of attitudinal change rather than change in practice. The direct correlation between the change in practice and the change in espoused theory may not always be obvious but it is from this espoused theory, outside the individual organisation, that the Sisters take their attitudes and their world view. In Argyris' model the catalyst for change would be referred to as error, but in this model it is not an error but an insight, research finding, professional standard, Congregational guideline or other imperative necessitating change or improvement in practice.

Model of Levels of Learning (Probst and Buchel, 1997 p. 34).

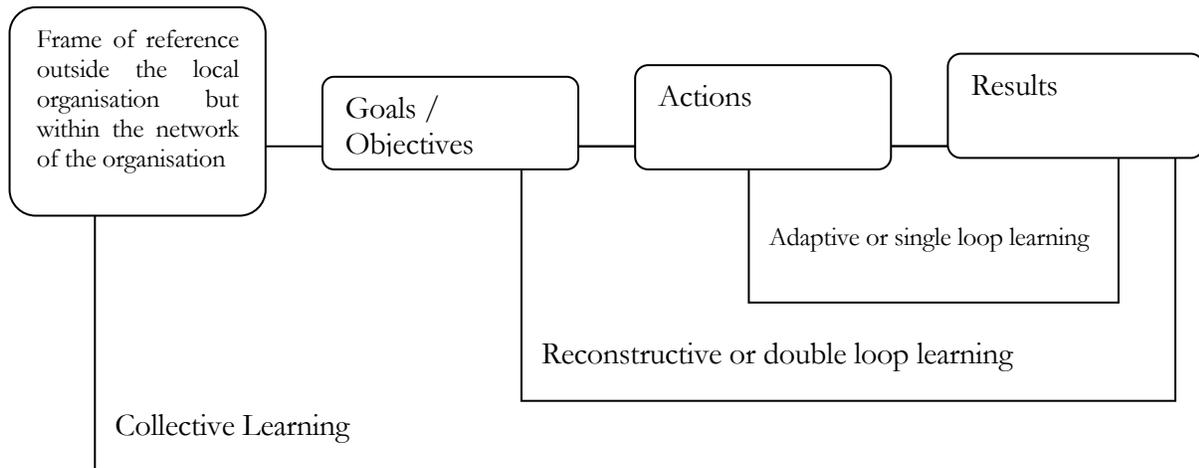


Figure 8 Model of Levels of Learning

Adaptation of Model to Ministry to Single Mothers,

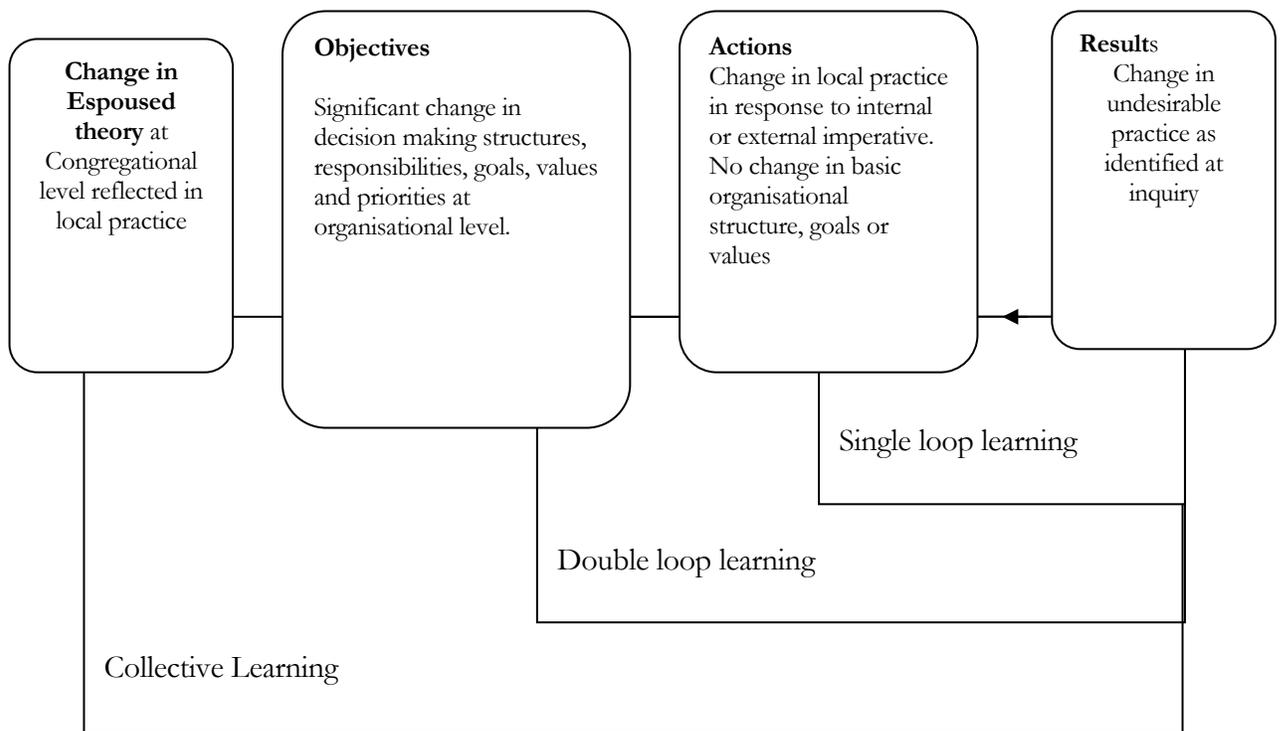


Figure 9 Adaptation of Probst and Buchel's Model (1997) to Ministry to Single Mothers

In applying the model, appropriate identifiers were named for each change in practice (Appendix 5). These will be explored further in the following chapter.

Validation of the Case Study

Data were verified with the participants after the interviews. In addition factual data were able to be checked by data from the mothers' evidence and from archival data. Relevant chapters were read by several of the participations for validation. None disagreed with any of the content, but some did offer further information. However, as much of the interview data relies on the memories, perceptions and reflections of the

participants and even of the observer it is the validation of those perceptions rather than the validation of facts that was under scrutiny.

Interpretation

Interpretations of the data were made in accordance with the above model and the learnings for the Congregation and the individuals identified over the fifty year period. It was not anticipated that these learnings would be exclusively through this ministry. Rather this ministry is seen as a vehicle or conduit to identify relevant organisational change and learnings at Congregational (organisational) level over the period under study.

The interpretation of the data follows an action research model. This was not originally intended but throughout the study it became more and more obvious that this study is, albeit retrospectively,

A form of self reflective inquiry undertaken by participants in social situations in order to improve the rationality and justice of a) their own social or educational practices b) their understanding of these practices and c) the situations and institutions in which these practices are carried out (Carr and Kemmis 1992; Mc Niff 1992).

This study also takes up the challenge issued by Dick and Dalmau,

The number of ways in which you can use the Argyris and Schön models are ... limited only by your creativity...Argyris and Schön models presume that we are not always aware of our own motives and

beliefs and or the consequences of others or our own behaviour ...applications should provide people with ways of collecting information about their own behaviour, its consequences and the assumptions and beliefs on which it is based (1990, p.153).

It is to be hoped that the application of this model to any inquiry into past practice will both contribute to learning and be an affirming experience. Inquiry is yet another external determinant for change or for understanding and appreciating changes that have already taken place.

Limitations of the Study

Potential restrictions to the study include:

- *The cultural and chronological gap* between the events being researched and the present time. While this was contextualised as far as possible the time spanned by the Inquiry is fifty years. Sisters of St Joseph who would be regarded as key to some of the information have either died or are unable to tell their stories.
- *The inability to recruit some informants* for the study sample because of death, illness or advanced age. The individuals who held much of the information about adoptive families and consents before 1965 have died.
- *The possibility of bias*, of the researcher as participant observer belonging to the Sisters group.

- *The possibility of conscious or unconscious coercion*, in the Sisters group; or in the Mothers group. Observation at the Inquiry indicates one organised group supported and assisted the mothers giving evidence.
- *The nature of memory* and the relationship of individual and social memory. According to Fentress and Wickham (1992, p. 24-25) individual memory is reconstructed according to our social world. The memories of the mothers and the world of the carers may have been reconstructed by discussion within their groups of the issues and stories arising from the adoption inquiry. The danger exists of confusing the meanings of the present with the meaning that was placed on the events and actions at the time they took place.
- *The rapidity of change* in the issue under discussion and the concomitant difficulty of accurately locating events. For the mothers this is not an issue as the birth and subsequent loss of their child is probably the most significant event in their lives. For the carers engaged in this ministry and other ministry over several decades memories may be blurred. The challenge is to accurately identify myth and meaning over that time.
- *The challenge of retrospective application of Argyris' model of single and double loop learning*. While some of this can be deduced from the interview and some from the actions of the participants it is, as Argyris himself acknowledges, tacit rather than explicit deduction (Argyris, 1974, p. 7; Sternberg, 1998, p. 123). The potential of the model encouraged the author to contact Chris Argyris who though very senior is still

publishing (Woodell, 2003). An e-mail established contact and confirmation that while it would be easier to identify espoused theory retrospectively it would be possible to identify theory-in-use from remembered conversations and instances. Argyris also gave several references in his own works which have been of assistance (Appendix 6). The work of Probst and Buchel and of Raymond, Bili and Thibault has been of particular value in providing the bridge between the work of Argyris and this study, in that it does not rely on theory-in-use for classification of learnings.

Summary of Chapter Four

The study involves an analysis of the stories of the two groups of women. The stories of the mothers given in evidence at the Inquiry inform the recollections of the Sisters who are the learning group. Document analysis situates the narratives but is not used to validate the perceptions of individuals, even when the stories diverged.

The transcripts of evidence from the Inquiry were initially coded using NVivo to give the sequence of events for the mothers who were single and pregnant. The same nodes were used to code the interview data from the Sisters who were interviewed. In some cases the Sisters' evidence is was also drawn from the transcripts of evidence if they had given evidence at the Inquiry. Additional coding for both groups of women extrapolated meaning from the data. From this coding emerged the concerns of the mothers, that they were censured and blamed; ostracised and isolated; deprived of choice; treated like an object and never a mother. The beliefs and attitudes of the

Sisters also emerged. The constructed dialogue that resulted from this coding will be heard in Chapter Six.

The concerns of the mothers then were categorised into key issues and the policies and practices that contributed to these perceptions named. From the Sisters data and document analysis the changes in these policies and practices were identified as was the catalyst for each change. These changes along with the learnings that emerged will be discussed in Chapter Seven.

The model of single and double loop learning used to analyse the learnings is rightly attributed to Argyris and Schön but has been adapted by Probst and Buchel and applied by Raymond, Blili and Thibault. There was a significant challenge in application of the original theory and the bridge was supplied by these later researchers.

The next chapter introduces the Sisters of St Joseph and explores the reasons that impelled them to hear the voices of the mothers when they were silenced; identifies the Congregation as an organisation with the capacity to learn and explores their imperatives to do so. This study will also explore what impels them to keep listening to, and learning from, those disadvantaged by societal norms.

Chapter 5

THE VOICE IN THE SERVICE OF THE POOR

There is hunger for ordinary bread, and there is hunger for love, for kindness, for thoughtfulness; and this is the great poverty that makes people suffer so much. (Mother Teresa of Calcutta)

The Sisters of St Joseph

This Chapter introduces the Sisters of St Joseph as an organisation with the capacity and the motivation to change and to learn. It describes the genesis of the Congregation, the place of the ministry to single mothers within the organisational framework and the nature of the communities in which the Sisters lived and from which they conducted these ministries. It examines the changes that have evolved for the Congregation within the context of changes in church, society and the professional bodies to which they belonged.

The Sisters of St Joseph have not set out to be a learning organisation. They do not have the imperative to do so in terms of profit or production. Their primary motivation was and is a personal search for God and a desire to serve the disadvantaged and marginalised; to be a voice for those who cannot speak for themselves. However they have imperatives that drive them to keep learning – both as individuals and as a group. These are identified in the espoused theory of the Congregation discussed later in this thesis. Argyris and Schön (1996, P.11) name several characteristics that an

organisation must demonstrate before it can be termed an organisation with the potential to learn.

It must be an organised, cooperative system governed by the 'constitutional systems of a polis' (Argyris Schön, 1996, p. 1) with formal rules and structures, legal recognition, role definition and recognised authority.

Members must be empowered to undertake learning on behalf of the organisation in a structured and authorised process or inquiry that results in learning for the organisation as a whole.

Neither individual nor organisational inquiry can be deemed organisational learning unless there is some way of individual inquiry feeding into organisational inquiry and organisational inquiry being communicated to the individuals within the organisation.

The authors further define organisational learning as occurring when,

The learning that results from organisational Inquiry become(s) embedded in the images of organisation held in its members' minds and/or in the epistemological artefacts (the maps, memories and programs) embedded in the organisational environment (Argyris et al, 1996, p.16).

The Congregation of the Sisters of St Joseph is a religious institute of Pontifical right dedicated to apostolic works (*Constitutions*, 1986, p. 1) within the Catholic Church and as such has a defined organisational structure.

The Congregational Leader and her four-member Council are elected by absolute majority for a period of six years. After consultation with the Congregational members the Provincial Leaders and their teams are appointed or elected according to the *Constitutions*. The role of those in leadership is clearly defined in the *Constitutions* of the Congregation.

These *Constitutions* of the Congregation describe a way of life that is meant to be embraced by all members. They provide inspirational material, attitudinal norms and organisational structures. With its companion volume of *Traditions and Practices* the *Constitutions* give guidelines for the Sisters lifestyle from the time of entering the Congregation through initial formation and the taking of first vows to final profession as a Sisters of St Joseph, to participation in ministry, and through various roles within the Congregation.

Every six years congregational members gather first in provinces and then as province representatives in a process known as Chapter. This gathering reviews the Congregation in its 'religious life, mission and administration' (Sisters of St Joseph, 1986, p 30). From this review come new policies appropriate to the religious and social milieu of the time and in line with the mind of the church and the spirit of the Congregational founders.

These Chapters then provide a formal mechanism for feedback from and dissemination of information to the Congregational members. It is here that espoused theory of the Congregation is formulated, endorsed and implemented over the next six

years. *Constitutions* cannot be changed without the authority of the Congregation for Religious and for secular Institutes in Rome. *Traditions and Practices* cannot be changed without the authority of the Chapter.

Finally the 'epistemological artefacts' for the Sisters of St Joseph are enshrined in the signs and symbols of the church especially those that have been particularly embraced by the Congregation, these include particular devotions to the Sacred Heart; to St Joseph and to John the Baptist; the Cross of Christ; the symbol or monogram of the Sisters, and the plain silver ring received at profession.

The Sisters of St Joseph may be deemed then to be an organisation that has the capacity to learn, with the results of organisational inquiry (Chapter deliberations and reflections) embedded in the minds of members as well as in those artefacts that are part of the organisational environment.

The first General Chapter for the Sisters of St Joseph was in March 1875. There were at that time twenty two professed Sisters in NSW, living in two and three room slab huts in the areas around the goldfields in places like Wattle Flats, Lidster, Trunkey Creek, Borenore and Evans Plains. Some walked five or so miles to teach school (Burford, 1991, pp. 16-17).

The Congregation has come a long way since then and has moved through two world wars; recession and depression; years of large recruitment and of lesser numbers and times when most of their number were teachers in schools all over Australia. The present is a time of diversification in ministry and community. The older Sisters lived a

monastic tradition in an active congregation, sometimes in large convents, sometimes in twos and threes. Now the Congregation has lost numbers, fewer are entering, some choose to leave, and one has died through martyrdom. Smaller groups are once again the norm and as in Mary MacKillop's day many of these women live in remote areas in twos or sometimes even alone.

At the time of the 24th General Chapter, held in 2001, there were approximately 400 professed Sisters in NSW. Change and challenge have brought learning to the group and the report of this last gathering is both a humble and an inspiring document. The Chapter on Leadership and Governance states,

We are learning from past pain; from disempowerment; from feeling judged; from feeling unsafe; from repeating patterns of the past (Sisters of St Joseph, 2001, pg 22).

The Adoption Inquiry is just part of this learning history with all the above implications. As such it provides opportunity to reflect upon and to examine some of the learnings of at least the last fifty years.

The Congregation

The Sisters of St Joseph have their genesis in the early days of Australian history when Mary MacKillop and Julian Tenison Woods shared a concern for the poor in the new colony. In particular they were concerned for the children growing up unlettered, unlearned and unchurched. As visionaries and risk takers they recognised the need for a new type of religious Congregation, one that could go into the streets, the homes and

the bush to bring God and learning into the lives of these children and their families.

The Constitution of the Congregation reads,

Our Congregation, the Sisters of St Joseph of the Sacred Heart...was founded in 1866...by Father Julian E. Tenison Woods and Mary MacKillop...who were led by God to respond to 'the misery and wretchedness of the poor children and the 'afflicted poor' (Sisters of St Joseph, 1986).

Although the language may be deemed unacceptable and even discriminatory in present society the overriding intent is clear - to serve the needy, particularly the children, in the growing colony. For this reason the Sisters of St Joseph developed as an Australian Congregation for Australian conditions. From the beginning the Sisters of St Joseph were different from traditional European communities who lived an enclosed and monastic life, overseen by the local bishop. The Josephites lived in small communities of two and three, in remote areas, often without the Mass, Sacraments and any other links to the formal life of the Catholic Church. They lived as the people lived in huts and tents and endured heat, cold, deprivation, loneliness and hunger. They moved where the population moved following the gold fields and settlements. Home was often 'a sacristy, a lean to on a church, a wattle and daub hut, a simple slab dwelling or whatever else was provided' (Burford, 1991, p. 9).

A controversial issue in the rule of the new Congregation was that of Central Government, which was in the early days 'a sign of contradiction...ignored by many

Bishops' (Gardiner, 1993, p. 129) but was to prove essential in the setting up of future ministries. Mary pre-empted federation in viewing Australia as one and in creating a structure that allowed the Sisters to be flexible in order to go where they were most needed (Burford, 1991, p. 264). She foresaw that this was the only way to provide the services needed in this vast land. This meant that the Sisters were answerable to the Superior General and to Rome and not to the local Bishop, a concept foreign to the Bishops accustomed to the European model who believed that 'the bishop should be in full charge in each diocese and wanted the duties of the nuns to be whatever the Bishop decided' (Gardiner, 1993, p. 176). Mary however was adamant. In 1893 she wrote 'It is an Australian who writes this...what would seem much out of place in Europe is still the very reverse in Australia' (Gardiner, 1993, p. 25). Had this tenet of Central Government not been approved it is possible that the Sisters of St Joseph would never have moved into the Adoption ministries in NSW as the founding Sisters came from established ministries in Victoria.

Ministry to Mothers

The Sisters were left in no doubt that their principal ministry was the education of poor children. Most of the Sisters were schoolteachers. The *Rules, Constitution, Traditions and Practices* did acknowledge the need for other ministries and with their strong desire to alleviate suffering and work with the poor it was inevitable that the attention of the Sisters would be drawn to the plight of homeless women and children. Many of these women were unmarried and the children were illegitimate. The social

stigma of the single mother and the discrimination against children born out of wedlock would not have escaped the notice of the Sisters of St Joseph and would have attracted them to care for those rejected by society.

The first such work was undertaken in Adelaide in 1868 at the Providence, so named because it relied totally on the providence of God (Gardiner, 1993, p 73). This Providence cared for neglected children, the aged and girls deemed to be in danger. There was also a refuge for women of the streets and women who had been in gaol. A Providence was also founded in the Rocks area in Sydney in 1879 (Gardiner, 1993, p. 252). The ministry to the single mother was given a structure in 1901 when Archbishop Carr saw the necessity for a foundling home in Melbourne. In that year the property at Broadmeadows was purchased and Mary MacKillop herself outlined the objects of the ministry in an undated document written between July 1900 and the opening of the St Joseph's Foundling Home (MacKillop, 1900). This document is discussed later in this thesis. It is sufficient to note that it describes the responsibilities of mothers and the Sisters towards the babies and young children in their care (Appendix 7). This document is the first to make reference for the necessity for training for those Sisters working in this ministry.

The Advocate Newspaper of July 1st 1905 reports that 158 women had found refuge in the Home since it's opening with 18 mothers and 58 infants currently in residence. Staff at this time consisted of six Sisters of St Joseph and two trained nurses. Mary MacKillop's instructions were carried out to the letter in those early days with the Sisters

even running their own dairy farm to supply milk for the babies who could not be breast fed. In 1931 the Home began training Mothercraft and Infant Welfare Nurses (O’Kelly & Diggerson, 2001, p. 6). General and mothercraft nurses who were members of the founding communities of the ministries in NSW came from among these trainees.

Ministry to mothers in NSW

Both St Margaret’s Hospital Darlinghurst and St Anthony’s Home Croydon had been established for the care of single mothers and their babies before the Sisters of St Joseph took over the ministry. It was not surprising that when the founders of these charitable institutions realised they were unable to continue the work they approached the Sisters of St Joseph to carry it on. The social stigma on women who were single and pregnant certainly placed them among the poor of the day, and taking them into care and assuming responsibility would have been compatible with Mary MacKillop’s desire, ‘to devote myself to poor children, and the afflicted poor’ (Gardiner, 1993, p. 46).

St Margaret’s Hospital

Initially known as St Margaret’s Maternity Home, the hospital had been founded on 19th March 1894 by a Catholic laywoman, Gertrude Abbott, and a group of companions at the request of Dr. Higgins, auxiliary Bishop of Sydney. Gertrude Abbott wrote to Archbishop Kelly in 1902,

Our attraction was for the care of neglected, deserted children of the street, but His Lordship, Dr. Higgins, when consulted, strongly

advised that a maternity hospital conducted by Catholics was the most urgent necessity for this city, adding that by taking the unmarried and destitute mothers, we should therefore save the children also (Press, 1994, p. 16).

The group lived and worked from a single terrace house in Surrey Hills, and it was here that the Home commenced. Oral tradition says that the first patient was a prostitute in labour brought to the house by a policeman who knew of the charity of the group. This founding story strongly underpins the respect and commitment that the early Sisters of St Joseph had for the founding ministry of care for the single mother in NSW.

The annual report for that first year of operation recorded thirty-two deliveries, nine of the mothers were married and twenty-three unmarried. That same report stated the principal object of the Home in the idiom of its time 'The Home is to provide shelter and care for the unmarried girls of the comparatively respectable class' (Abbott, 1894, p. 2). This aim was refined in 1902 to read 'to prevent infanticide by providing nursing and medical care for unmarried girls, who having made one false step in life desire to become better in the future' (Press, 1994, p. 17).

The rapid expansion of the hospital, the training of midwives and the inclusion of outpatient and domiciliary services necessitated the expansion into three adjoining terraces on the corner of Cleveland and Elizabeth Streets Surry Hills and in 1910 movement to a Bourke Street property that had been a school, first run by the Jesuits and later by the Society of the Sacred Heart (Press, 1994, p. 46).

Gertrude Abbott had been a member of the Sisters of St Joseph for a short time and recognised that she shared with them a commitment to the poor. She therefore requested that the Sisters assume control of the hospital after her death. Oral tradition in the Congregation suggests that one proviso was that the Sisters of St Joseph continue to care for the single mothers.

Accordingly in 1934, following the death of Gertrude Abbott the hospital was left to the Sisters of St Joseph. Prior to 1935 the Little Company of Mary was the only Religious Congregation permitted to undertake maternity nursing (LCM, 2002). The Sisters were faced with the task of staffing the hospital and leased the hospital to a group of lay staff for one pound per annum while they planned for the administration of the hospital. While at this time the Sisters had no experience in running hospitals they had a strong tradition of care for the single mother and of institutional administration.

A number of Sisters who were trained as mothercraft nurses were working in the foundling home in Broadmeadows in Victoria. The three founding members of St Margaret's therefore were drawn from the Victorian province. One of these held certificates in general nursing, infectious diseases and mothercraft and undertook midwifery training prior to the Sisters assuming control of the hospital. Another was an experienced administrator and the third had general and mothercraft nursing experience. The interchange of Sisters of St Joseph between Melbourne and Sydney was to continue for many years and the influence of the experience at Broadmeadows can be demonstrated in some of the practices at St Anthony's Home.

The Sisters assumed responsibility for the hospital in February 1937. As the reputation for excellence in care developed the numbers of married women choosing to deliver their babies at St Margaret's soon exceeded the number of single mothers. Six hundred and seventy four babies were born that first year and the number soon reached 1700 annually. The demand had quickly outgrown the old school building so a private hospital was built and opened in 1947 to raise money for the rebuilding of the public hospital. The new hospital opened in 1951.

Initially accommodation for the 'waiting girls' as the single mothers were called, was in a building which was adjacent to the hospital and which also accommodated the convent, offices and kitchen (Press, 1994. p 45). When the new public hospital was built they were housed in a wing above the laundry. Until the new Convent was built in 1960 the Sisters also lived on a separate floor in this wing.

St Margaret's continued to provide the mothers with a place to live while awaiting delivery until the late 1960s when all accommodation was transferred to St Anthony's Home (Sisters of St Joseph 1969). By 1970 there was no provision for residential care for the single mothers at St Margaret's. Single mothers continued to attend the hospital and to seek help and advice from the social work department.

The community at St Margaret's Hospital as a total institution

The history of St Margaret's Hospital has been well researched and documented by Margaret Press (1994). This study pursues the life style of these religious women and

its influence on the development of their attitudes towards the women who were single and pregnant.

The following discussion on the nature of the communities and their effect on attitude and policy refer to the period particularly between 1950 and 1975. By 1975 rapid change was occurring both in adoption with the promulgation of the Family Law Act and in the nature and structure of Religious Life after the Second Vatican Council.

In the years from 1939 to 1980 (when the community was divided into three smaller living units) 118 women are recorded as living in the Community at St Margaret's (Press, 1994, pp 93-99). Several of these were foundation members and lived in the same community for at least thirty years, with minimal breaks for ministry in other places or for study, sabbatical or spiritual leave. In the 1960s and 1970s after the opening of the new Convent 40 – 45 members lived in the community. These were not all nurses but, apart from the Superior, the Sister who worked in the kitchen, and the occasional university student, all were engaged in some form of hospital ministry (Sisters of St Joseph Archives, 2000; Press, 1994, pp 96-99).

It is only to be expected that such a large group of religious women, engaged in the same ministry, with a core group of leaders who were permanent or semipermanent would live a regimented lifestyle with the same discourses informing their thinking and attitudes. Irving Goffman's theory of a total Institution will assist an understanding of how and why attitudes to and practices around adoption and the care of the single

mothers were shaped, and why it may well be expected many of the Sisters would give expression to the same values and practices around this ministry.

Goffman (1961, p. xiii) defines a total institution as,

A place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.

Among the dependent, the criminal, the incompetent and the incarcerated he places the religious who have chosen a structured way of life as a 'retreat from the world' (1961, p. 5). He hypothesises that a basic tenet of living is that any individual interacts with different people on daily basis according to activity. Thus working, playing and living are conducted in different environments with different groups of people.

In a total institution this is not so and the structure is such that:

All aspects of living are conducted in the same place and under the same authority.

Each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together.

All phases of the day's activities are tightly scheduled, with one activity leading at a prearranged time into the next, the whole sequence of

activities being imposed from above by a system of explicit formal rulings and a body of officials.

Finally the various enforced activities are brought together into a single rational plan purportedly designed to fulfil the official aims of the institution (Goffman, 1964 p 6).

Certainly all religious, including the Sisters of St Joseph in this study, who spent their early years in religious life in a novitiate, were trained in a total institution. Some continued to live their religious life in such a structure while others did not. However, one of the tenets of the total institution which was sealed by vow at the end of the preliminary training was that of obedience.

All aspects of living are conducted in the same place and under the same authority (Goffman, 1964, p. 6).

The Sisters at St Margaret's had limited contact even with the rest of the Congregation. Because of the newness of the ministry and the fact that up until this time religious were not permitted to work in maternity hospitals, it was perceived that there was limited understanding and indeed acceptance of this as a Josephite ministry (Sisters of St Joseph, 2001, p. 60-61).

The Congregation did not have anywhere near the number of nursing or welfare services as schools, so while the teachers moved often, the nurses moved far less frequently. The options for the nurses were the hospital, the infant's homes or the

infirmaries for sick or ageing Sisters of St Joseph. Holidays for the Sisters at St Margaret's were scattered throughout the year and not taken at the same time as other Josephites who were teachers. The hospital had acquired a holiday cottage at Leura and groups of Sisters were sent up from time to time for rest and relaxation. Initially they were given no choice of time , place or companions for holidays This changed in 1971 when the Sisters embraced new freedoms of Post Vatican II and began to holiday with family and/ or with friends and novitiate companions.

While there were designated Superiors in the Convent it seemed to some of the Sisters that the hospitals matrons had considerable influence over the Convent timetable (Sisters of St Joseph, 2001, pp. 65-66). At time the Superior of the Convent was also the Sister Administrator of the hospital. In reality the Sisters were working and living under one authority.

However, not all of the Sisters living and working at St Margaret's spent all of their professional and working lives in what could be perceived as a total institution. Because of Congregational need some of the nurses had also been trained as schoolteachers and had enjoyed classroom and community experiences in a variety of locations in city and rural settings in a number of States. Many of these returned to the nursing profession following the Special Chapter of 1969 and the Chapter of 1971. Some of these then spent some time undertaking general training at other hospitals. Other community members had spend considerable time in other institutions in other

States. This gave them a different perspective on community living from those who had always lived in the larger and more structured community settings.

Sisters from other Congregations and the Josephites who were students at nearby universities, colleges and hospitals also brought to the community a wealth of other experience. These groups challenged the concept of this as a total institution as they were not carrying out all the activities of daily living with this group of people. They worked, socialised or spent their days off with an entirely different group of people.

Each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of who are treated alike and required to do the same thing together (Goffman, 1964, p. 6).

The convent timetable was created around a structure that involved prayer, work and meals. Sisters left the hospital in the care of lay staff to attend Mass and say Office, a form of liturgical prayer that is recited five times a day. Sisters on night duty were exempt from the midday prayers and from rosary and Office at 4pm but were relieved by the morning lay staff to attend Mass between 6.00am and 6.30am. Sisters attended Midday Office when they came over for dinner. Sisters working in key areas such as labour ward, intensive care or operating theatres could on occasion be exempt from being with the community but this was not the norm. Sisters did not eat at the hospital as the lay staff did, indeed, until 1968 they were not permitted by the rule to eat with lay people at all.

Sisters on evening shift attended the evening meal but were exempt from evening prayer and recreation. Silence was observed in the convent according to the Rule and this meant strict silence from after evening prayer at 9.0pm, until morning tea at 10.00am the next morning. This rule applied to Sisters on all three shifts, but did not apply to those on duty in the hospital.

All phases of the day's activities are tightly scheduled, with one activity leading at a prearranged time into the next, the whole sequence being of activities being imposed from above by a system of explicit formal rulings and a body of officials (Goffman, 1964, p. 6).

The day was rigidly structured with even the hospital routines being carried out with military precision and matron's rounds being something akin to a parade inspection. The explicit formal rulings were the Congregational *Constitutions and Customs and Practices* and the hospital regulations and timetables.

Finally the various enforced activities are brought together into a single rational plan purportedly designed to fulfil the official aims of the institution (Goffman, 1964, p. 6).

The daily routine of all Josephite communities followed a prescribed timetable. This was determined and enforced by the Congregational Leadership and it was a matter of pride for some of the older religious that they believed they knew what every other Sister of St Joseph was doing at a given time. Until the changes after the second Vatican Council this timetable was displayed in the Community Room of all Convents and demonstrated minimal variation. Typically this read as follows,

5.00am	Rise
5.25am	Warning Bell
5.30am	Morning Prayer, Office and Meditation
6.30am	Mass
7.30am	Breakfast
8.00am	Charges
8.30am	Ministry
10.00am	Morning tea (maybe Office)
11.00am	Ministry
12.30pm	Lunch (maybe Office)
1.30pm	Ministry
4.30pm	Rosary and Office
6.00pm	Tea
7.00pm	Evening meditation and Office
7.30pm	Recreation
8.30pm	Examen, night prayer (Office)
9.00pm	Beginning of Great silence
10.00pm	Lights out.

Figure 10 Typical Community Timetable

Although these women may have appeared to live and work within the confines of a total institution under a strict regime of living, they were professional women working in a field of ministry that had previously been closed to religious women. In this regard they were pioneers. Further they worked shifts covering a twenty four hour day so the strict silences and other observances while observed in the convent did not apply in the hospital. As the Sisters in the Convent commenced the Grand Silence at 10.00pm the

Sisters on night duty were starting work. On a daily basis they were exposed to nurses, doctors and families whose frame of reference was not the same as of the communities to that which they belonged. They may have appeared to have conformed to what Goffman (1961, p. 7) refers to as 'surveillance – a seeing to it that everyone does what (s/he) has been told is clearly required' but, as their stories unfolded for the Inquiry it became obvious that outward conformity did not always equate with inner assent. They came from the same religious tradition and observed the same rule of life but also came from different backgrounds and different experiences of community and ministry. While within these parallel paradigms they were being challenged by different ways of thinking, externally at least there was uniformity and conformity and some hallmarks of the total institution.

St Anthony's Home

St Margaret's was not the only ministry to mothers in NSW. St Anthony's Home was developed as a hostel for the mothers and a foundling home for the babies. It will be demonstrated as this study develops that these two places were very different in some areas of culture and practice.

The Home was founded by the St Vincent de Paul Society in 1922. Kathleen Burford writes,

The work of finding suitable Catholic Homes for abandoned children around the city areas would have proved beyond Haugh. were it not for the emergency shelter and care provided by a number of generous

women...(He) began the organisation and work of establishing a Home for orphan children in 1916, ...leading to the establishment of a Home for girl mothers and their babies (Burford,1989).

Haugh had been appointed, in 1911, by Archbishop Kelly of Sydney, to represent the Catholic Church with the Child Welfare Department in all matters relating to the welfare of Catholic children.

Until 1941 St Anthony's Home catered only for single mothers who had given birth. Some were transferred back from St Margaret's Hospital with their babies and could stay at St Anthony's for varying periods of time. After that they could leave with the baby, leave it at St Anthony's or have it adopted. Some of the babies at the home during the early years were true foundlings, left by single mothers or by families too poor to care for them.

In 1941 the need for a place for the girls before giving birth led to the acquisition of a cottage for accommodation and in 1944 a small Maternity wing comprising ten beds was built to care for the girls when they had their babies. In 1949 the Society of St Vincent de Paul commenced negotiations with the Sisters of St Joseph to take over the Home. On June 2, 1952, the 'work, administration, assets and deeds of the property were transferred to the Institute of the Sisters of St Joseph' (Burford, 1989, p.16).

St Anthony's continued primarily for the care of the mothers and babies until events in the later half of the century caused a significant reorganisation of the ministries on the site.

The first was the impact of the Family Law Act in 1975. Over the next five years the number of women who decided to keep their babies increased significantly. This fact coupled with increasing societal acceptance of the single parent family meant that fewer women sought care for themselves and their babies in place like St Anthony's.

In 1980 the decision to change the way that older children received care impacted significantly on the life style of those who lived and ministered at St Anthony's Home. By this time the Congregation had three other institutions that cared for children. St Joseph's, also in Croydon, took over the care of the infants from St Anthony's who were not released or eligible for adoption once they became toddlers. From school age the boys went to Kincumber near Gosford on the central coast of NSW and the girls went to Homes at Lane Cove or at Leichhardt.

The move to family style cottages in 1980 saw the closure of Croydon, Lane Cove and Leichhardt and the conversion of the buildings at Kincumber to cottage style accommodation. Siblings could be housed together and children could grow up in family sized groups with a carer.

Children with special needs were either fostered or moved into cottages that had been purchased around the St Anthony's site. St Anthony's then became known as St Joseph's and St Anthony's Centre of Care and slowly diversified into ministries centred around children at risk – care of the single mother, respite care for disabled children, emergency care cottages, special preschool and long day care. In June 2004 the name

changed again to St Anthony's Family Care to reflect the changing nature of service delivery to children in need.

Among other factors, change in societal attitudes, the introduction of The Supporting Mothers Benefit and wider use of and easier access to contraception spearheaded a revolution in the world of single motherhood. By the mid 1970s more single mothers felt able to care for their babies and the number of single, pregnant girls seeking refuge at St Anthony's began to decline, (see graph below).



Figure 11 Adoptions from St Anthony's Home 1950 – 1980 (Sisters of St Joseph Archives)

Although anecdotal evidence from the Sisters suggests that the services of the Home had long since been available to girls who were not Catholic, the home was still considered to be primarily for Catholic girls who were considering adoption. A number of girls came from interstate to maintain anonymity.

The latter years of the period under discussion (1980 – 1998) saw the formalisation of the changes that had already begun to take place in the provision of services to single mothers at St Anthony's.

In the early part of the period a Centacare review recommended that St Anthony's remain primarily for girls who wished to have their babies adopted (Usher, 1984, p.11). This was a decision based on the belief that those who were keeping their babies would influence those adopting in their decision-making. A further recommendation was the setting up of additional accommodation for women who wished to keep their babies. This was not a feasible initiative for the Sisters of St Joseph or for other Catholic providers. At this time most of the women at St Anthony's were electing to keep the babies and in 1986 the intake policy was changed to accommodate both those keeping and those choosing to adopt (Sisters of St Joseph Archives, 1986).

Policies formulated in the last few years of the decade are almost identical to those currently followed in regard to philosophy, mission and admission (St Anthony's and St Joseph's Centre of Care, 1997).

Sisters working in this ministry in 2000 stated that women who were pregnant chose to come to St Anthony's for a variety of reasons. The individual mother may need a place to live in privacy and safety while she determined her future; an escape from the pressure from family or partner to have the baby adopted, to keep the baby or to have an abortion; an escape from a violent relationship during pregnancy.

The changing needs of these women led to a formalisation of the admission policy to include any mother pregnant and in need. This change has been gradual and evolutionary, as the Sisters have adapted the model of care in response to the needs of the time.

The Community at St Anthony's as a total institution

Nineteen Sisters have lived and / or worked at St Anthony's in the ministry of care for the mothers and babies since 1952 (Burford, 1989, pp. 47-48; Sisters of St Joseph, 2000). Some of these Sisters were mothercraft nurses, some were registered nurses with postgraduate qualifications in midwifery and in mothercraft, and some were qualified social workers or welfare officers. The majority of these women, like the nurses at St Margaret's, were involved in the care of the mothers and babies and did not have ultimate responsibility for consents or for the policy surrounding the surrender of the infants for adoption.

Seven Josephite women worked as administrators over the same period of time (Burford, 1989 pp 47-48). At least three others worked in the office. Until 1975 they had some responsibility for implementation of the policies of Government and of the Catholic Adoption Agency. Three of these women were registered nurses, the others were not. Most of them held dual roles as Superior of the Convent and administrator of the ministry. At that time it was common practice in the Josephite Congregation for the Superior of the Convent to also be Principal of the school. This was translated to the welfare ministry where the dual role was often invested in one person.

Ten of the Sisters who had lived and worked at St Margaret's also worked at St Anthony's, either as administrators, nurses or both. The type of community life they experienced was not significantly different.

It is difficult to ascertain whether in fact the community at St Anthony's can be classified as a total institution although it may have seemed that way to some of the Sisters and mothers who are quoted in this study.

All aspects of living are conducted in the same place and under the same authority (Goffman, 1964, p. 6).

During the period when the care of the single mother was the sole focus of the ministry there appeared to be two total institutions at St Anthony's Home. In Goffman's terms (1961, p.7) these consisted of 'a large managed group' – the women who were single and pregnant and 'a small supervisory staff'. In this case the latter were the Sisters of St Joseph. Both these groups lived, worked, played, prayed, ate and slept within the institution, but also in accordance with Goffman 'social mobility'(Goffman, 1961, p. 7) between the two groups was restricted with marked rules about social distance.

The Sisters were responsible to the local Superior who usually held the dual role of Superior and Administrator. As at St Margaret's Hospital the ultimate authorities were the Congregational and Province Leaders and the Sisters as far as possible adhered to the same strict monastic timetable.

Each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together (Goffman, 1964, p. 6).

The members of the community were not all engaged in the same work, although they all worked in ministries involving the care of the mothers and babies. The ministry involved care of the mothers, care of the babies in the nurseries, education of the mothercraft nurses, administration and domestic duties. Some of these works, notably in ministry to the babies, involved evening and night shifts. In latter years several retired Sisters lived in the community and these Sisters were not involved at all in the care of the mothers or their babies and came from diverse backgrounds which included teaching, child care or housekeeping. This diversified the timing and the scope of daily activities.

All phases of the day's activities are tightly scheduled, with one activity being leading at a prearranged time into the next, the whole sequence being of activities being imposed from above by a system of explicit formal rulings and a body of officials (Goffman, 1964 p. 6).

Unlike the majority of the Sisters of St Joseph, but like the Sisters at St Margaret's the Sisters at St Anthony's were not engaged in teaching. When the mothercraft home and the nurseries were functioning they were ministering twenty-four hours a day in shifts. Further, labouring mothers and sick babies had no regard for a preordained schedule. Once it became acceptable in maternity hospitals to have a support person

during labour the Sisters often took on that role for the mothers under their care. At least from the late 1960s some of the Sisters accompanied the mothers into hospital and sat with them during labour. Once the mothercraft hospital closed and night staff were no longer on duty, two of the Sisters slept apart from the rest of the community in a unit adjoining the mothers' quarters so they could be available if needed. In spite of this diversity the generic Congregational timetable was accepted as the norm and as far as their duties permitted the Sisters adhered to that timetable. However like the community at St Margaret's while the decisions were made by those in authority the diversity of the work and the continual interaction with those outside the organisation question the totality of the institution in Goffman's terms.

Author's story

The evolution of this way of life could be traced in the individual stories of any one of a number of Sisters of St Joseph. The author's story is no exception and the next segment traces, albeit briefly, the author's journey from first contact with the single mothers through forty years of ministry as a Sister of St Joseph and the challenging and personally confronting experience of the Inquiry which has given rise to this dissertation.

The author's personal involvement with women who were releasing their babies for adoption began in 1962 as a cadet nurse, and then as a midwifery trainee in a specialist maternity hospital. At that time it was possible to train as a midwife before general training. For an eighteen-year old, fresh from a Catholic boarding school and

embarking on a career in nursing, the presence of these women, of the same age, single and pregnant, was both frightening and fascinating.

In some ways there was almost a secret admiration of these women who had defied the conventions of society and were growing large with forbidden life. However in no way would any of us have changed places with them. The mystery of the new life growing inside them was the fascination. Their plight in the society of that time was frightening. The prospect of giving a child away at the end of pregnancy and labour was seen as inevitable but emotionally impossible. In our naivety we nurses used to say that we could never give a baby away.

However the harsh reality of their situation did not escape us either. We as nurses lived a restricted life, were not allowed out at night without permission, and were forbidden alcohol in the nurses' home and worked long hours for not very high wages. We did however have a status in society, wore uniforms and were addressed as 'nurse'. Except at night we came and went as we pleased. Most of us had warm and welcoming families to go home to on days off. We were free to see our friends, even our boy friends.

The waiting girls as they were called worked in the servery and sewing room, were known by first name only and kept out of sight. When they could no longer fit into their own clothes they wore shifts and other pregnancy garments supplied by the hospital. They were even more restricted than we were and left the hospital very rarely. Alcohol, cigarettes and male visitors (fathers and brothers excepted) were not an option. This

was not much different from the confines of the boarding school I had just left and we accepted that that was how it was to live in an institution.

Though we felt for them, we did not openly question their lot or query the societal attitude to single pregnancy. Adoption was what happened if you fell pregnant and for the sake of your future and the future of your baby you went away from home to hide the pregnancy and to protect your family.

Though we rarely looked after these girls during labour we knew the policy of no contact with the babies as we later cared for the infants in the nurseries. We were told this was the best way. We accepted that as we accepted the rest of the theory during our training. On the one occasion the author recalls being present at the birth of an infant for adoption she was told to take the baby out of the room immediately. The resuscitation trolley was set up in the room next door. As she left the room the mother asked to see the baby. The response was instant and instinctive. The author turned and held the baby's head up for the mother to see. Two rules were broken. The child was held right way up instead of upside down and the mother saw her baby. I sincerely hope that fleeting glimpse was some reassurance for her.

Evidence of individual insights and of empathy and compassion are found in anecdotes of adoption. The author is personally aware of babies smuggled in to visit their mothers or of mothers allowed in to adoption nurseries in the middle of the night. The collective wisdom, however, was not yet in evidence and these practices were not condoned.

Career and life changes meant that there was no further contact with the women until 1980 when the author returned to work in the hospital. Older and somewhat wiser and having worked as a teacher and a registered nurse in city and country she no longer accepted the system without question. However, the orientation to the Children's Hospital on the same campus in 1972 included information about the single mothers who at that time were still attending St Margaret's and whose babies came to the Children's Hospital if they were premature or ill. This included the exhortation that the greatest favour we could do these girls was to help them 'repent of the sin they (had) committed'. This was a premise not to be questioned. The intervening years had provided experience with women, including a family member, who were facing the trauma of pregnancy, single and alone. I venture to say that by this time the predominant emotion for the author was compassion. My family had made it quite clear that no child related to us would ever leave the family. I ached for those who did not have this support or for whom adoption seemed the only solution.

By this time the mothers no longer resided at the hospital but came in from the community or from homes and hostels for single mothers. As charge nurse of the neonatal nursery the author again came into contact with the mothers and their babies. This time it was primarily through the babies who came to the nursery, sometimes for the length of their mother's hospital stay and sometimes briefly after she left. Foster mothers would collect the babies from the nursery. The mothers would visit their babies as often as they wished and could bring others to meet the baby. Initially, fathers had no special privileges and were officially ignored. This changed during the decade.

Visiting to the nursery was restricted for all babies – the small, the fragile, the sick and those awaiting adoption. However, there were always ways around the system and as charge nurse the privilege was mine to find them and to turn a blind eye if others did the same. Some of the old attitudes still prevailed and some of the more senior staff believed that frequent contact with the babies made the final parting all the more difficult. Although some of the staff did not agree with the frequent visits there was neither blame nor censure but rather concern and a desire to somehow alleviate the pain of the final separation. We would watch the mothers bond with their babies and could usually tell those who would take the babies home. We used to watch grandmothers with particular interest, for their consent was often pivotal to the decision. The day the mother signed the consent was heartbreaking and the babies were often restless and disturbed. They got special cuddles and long rocks in the rocking chair when time permitted. Somehow these little ones seemed to know what was happening. Most of the babies in the nursery were small and sick and these healthy infants were in some ways a normalisation for us as nurses. This seems now almost a contradiction in terms for the situation in which these little people and their mothers were placed is not now viewed as normal at all.

During the 1980s the policies around adoption changed and by the time the author moved into an administrative role in 1987 the policies surrounding adoption were designed to allow the mother to take more control of her life and that of her child.

Summary of Chapter Five

This Chapter has introduced the Sisters of St Joseph as Congregation of Religious women who have taken as one of their charitable works or ministries the care of single mothers. This is in keeping with foundational values of care for the poor and marginalised. In the fulfilment of this role they have demonstrated significant organisational change over the period spanned by the Inquiry and beyond. In 1950 the individual communities had many of the characteristics of a total institution, with fixed and fairly rigid schedules, a constitution that was focussed on the life of the Sisters and their search for perfection and a ministry to the poor that was expressed mainly in the education of poor children. The Second Vatican Council and the Special General Chapter that followed in 1969 were the catalyst for change. This Council had exhorted all those in religious life,

The up-to-date renewal of the religious life comprises both a constant return to the sources of Christian life in general and to the primitive inspiration of the institutes, and their adaptation to the changed conditions of our time...the manner of life, of prayer and of work should be suited to the physical and psychological conditions of today's religious (Vatican Council, 1995, pp. 386-387).

This resulted in a less rigid daily schedule, more freedom to pray alone or with others outside the Congregation and opportunities for wider social interaction.

Community living underwent a slow but radical change and Sisters became educated in their ministries.

The maternity services were transferred to Western Sydney in 1993 and St Margaret's Hospital closed. The ministry to the single mothers continued at St Anthony's and St Joseph's Centre of Care (now St Anthony's Family Services).

In the next chapter the voices of the Sisters will be heard in constructed dialogue with the mothers who lost babies to adoption. It is from this dialogue that the perceptions of the mothers will be gleaned, the issues identified and the learnings discovered.

Chapter 6

VOICES IN DIALOGUE

Dialogue is a process for sharing and learning about another group's beliefs, feelings, interests, and/or needs in a non-adversarial, open way, usually with the help of a third party facilitator... The goal of dialogue is usually simply improving interpersonal understanding and trust (University of Colorado, 1998).

This chapter provides an opportunity to learn about the beliefs, memories, feelings, perceptions and needs of the two groups of women of interest to this study – the mothers who lost babies to adoption and the Sisters of St Joseph whose ministry was to provide them with sanctuary and support. In the course of this chapter there emerge some areas of agreement and areas of divergent understanding between the mothers and the Sisters. This is the nature of dialogue. This is the beginnings of understanding and reconciliation. 'With such a dialogue, we cannot help but be transformed. Self and other offer each other, in this space, the opportunity for new beginnings with new dialogues' (Barbaretti and Robbins, 2003, p. 1).

The Voices of Ramah – The Mothers

There is no typical profile of the mother who has lost a child to adoption. The women in the literature, in the records of two institutions providing care for single women during pregnancy, and giving evidence at the Inquiry were professional women

and school girls, primiparas and multiparas, middle class and poor, tertiary educated and illiterate. What they have in common is the experience of having lost a child to adoption. In some elements of the adoption experience they speak with one voice – in others their experiences are as individual as the children to whom they gave birth. This chapter listens to their experience noting particularly where they speak in unison.

The Mothers Find Their Voice

The prolonged effects experienced by the mothers who lost babies to adoption continue to be extensively explored through biography (Inglis, 1984; Chick, 1994; Dessaix, 1994) and autobiography, (Barton, 1996; Harkness, 1991; Goulding, 1998)); through fiction (Smith, 1991); and through research. The doctoral work of Farrar (2001) has been supported by the findings of the current parliamentary Inquiry into Adoption Practices in NSW 1950 – 1998 (the Inquiry). Farrar appears to be a key player in the Origins Group who initiated the Inquiry and it is therefore not surprising that the same key themes emerge in her research. These themes however continue to emerge through other studies into the long term effects of adoption on the birth mothers, as well as through the other forms of media.

Marshall and McDonald (2001, 63 -64) believe that there are three groups of mothers who have lost infants to adoption,

1. The mothers who feel they were completely coerced, that their babies were in effect stolen from them. In a way they see parallels with the experience of the indigenous mothers of the Stolen Generation.

2. The mothers who continue to feel sad and regretful but still believe it was the right thing to do despite angry feelings in some cases at the treatment they received at the hands of medical and welfare personnel.
3. The mothers who see it as a decision they made themselves in their own and in their children's interests and who are more or less content with that decision.

All mothers, regardless of the group to which they could be assigned speak of the enduring pain of not being with their children. The child is never far from a mother's consciousness even if she made an informed decision to relinquish the baby for adoption (Mahler, 1997, p.1). The mothers who do not feel that they made an informed decision feel this enduring pain but also feel a range of other emotions discussed later in this chapter.

The mother's stories are drawn from the *Report on Adoption Practices Transcripts of Evidence*, (Legislative Council, June 2000 and November 1998). These stories have been chosen because these are the mothers who elected to tell the stories that elicited the Inquiry and the recommendations, including the recommendation for apology, which were the catalyst and the inspiration for this study.

Three women from St Anthony's who told their stories delivered at St Margaret's, as did at least one other who stayed elsewhere during her pregnancy. Interestingly, none of the mothers who came to stay at St Margaret's during their pregnancy have been identified through the Inquiry although it is possible that they gave evidence in camera or in confidence or sent in submissions.

It is the experience of the sequence of events following confirmation of the pregnancy until the adoption of the child that will be explored in this chapter in order to re-enter the world of the single mother. The evidence cited is not taken exclusively from the mothers under the care of the Sisters. It is the commonality of their experience that is being explored.

The Sisters

1950, the beginning of the period spanned by the Inquiry is a long time ago, and many of the Sisters who were involved in the ministry are no longer living. Most of the interviewees are now retired and for many of them, care of the mothers represented only a small part of lifetimes spent in childcare, nursing, teaching or administration.

The stories that unfolded draw one into the climate and culture of the time. However because the interviewees worked in the adoption ministry for a collective two hundred and fifty five years in periods ranging from two to forty years the picture that emerges is a collage rather than a snapshot. For the mothers who lost babies to adoption their moment of loss and the events surrounding it are etched in their memory at a particular date and place and time. Not so for the Sisters. There are events and anecdotes but they are used to illustrate the beliefs and culture of the group rather than to define a moment in time. Many of the interviewees had difficulty remembering the exact dates they had been in particular places. These dates were verified from Congregational Archives. For the Sisters the memories start in 1937 with the foundation of the hospital

and incorporate present practice at the Pregnancy Support Unit that is still part of the ministry of the Sisters of St Joseph.

In spite of this it is possible to trace the evolution of learning and practice over the period of time spanned by the ministry. Some of the information was given spontaneously and some of the Sisters later wrote with information and reflections not mentioned at interview. While there are some differences in the recollections and in the factual data from the two places under study many of the responses are similar. Generally the data has not at this stage been separated except where the differences are marked and these are noted.

Areas of Concern

Five main areas of concern emerged for the mothers in the period in which the Sisters were involved in their care that is from about half way through the pregnancy – when they started to ‘show’ until after they had signed the consent. The mothers perceived that certain actions on the part of policy makers and caregivers resulted in their feeling that they were censured and blamed; ostracised and isolated; deprived of choice; treated like an object; never a mother.

Censured and Blamed

Every mother who gave evidence at the Inquiry spoke of the shock of the pregnancy and the trauma of having to tell families, teachers, employers and boyfriends. The blame and censure emanated from church, family and society and was perceived to

continue through the pregnancy and to influence the subsequent decision about the future of the baby.

Censure and blame from the church

The first reaction of some families on learning that their daughter was pregnant was to contact the parish priest or local pastor or a home for single mothers. The connotation of the sin that they had committed and the shame of illegitimacy weighed heavily on many of these young women as they admitted to the pregnancy. To these young women 'church' was represented by the local clergy and by the religious in their lives, either as family members or as the members of the religious Congregation who taught them at school or who ran the homes to which they went or were sent. The perceived or actual reactions of these church figures remain as part of their story. One mother states:

An aunt, a nun, also knew. My mother and my aunt used to say that being pregnant was the one sin that showed (Transcripts of evidence, 1998, p. 130).

A mother who spent her pregnancy at St Anthony's recalls:

Some of them (the nuns) were like that, some of the old ones (averted their eyes in shame) I found that the young ones were more curious about you, but the old ones were just like, "My God!" (Transcripts of evidence, 2000, p. 32).

Some of those religious seemed genuinely fond of the waiting mothers and especially when they were younger, probably not much older than the mothers themselves, they viewed them as equals. Below is the text of a conversation with a group of Sisters who had been at St Anthony's in the very early days of its foundation. They had all come from Broadmeadows so were very familiar with the ministry to the mothers. They were not all nurses. The prompts of the interviewer are Identified (I):

We enjoyed their company. We were a family. The implications that you were having a baby and you were going to have it adopted really never came into my mind.

(I) So you just related to them as people who came into your world at that stage?

(Unison) Yes. Yeah.

I mean we had some fantastic girls. The places would never have kept going without them, especially the non-catholic girls. We used to say at St Anthony's they were so grateful they would do anything for us. They were not used to nuns.

(I) Why do you say grateful?

They were so grateful that nuns who they didn't have a high opinion of apparently then they would come and the nuns were so kind to them. They seemed to be more grateful than the Catholic girls who had been

through the Catholic system and took nuns for granted. They had never had anything to do with nuns a lot of these girls before.

We loved the people.

We loved those girls.

We were side-by-side with the girls all the time...They were terribly important to us those girls. We would never ever have managed without those girls.

(I) But you were there to look after them. The place was there because of them.

They looked after us. Really when we look back it was a self-serve job really. It was security of tenure (for them) but they kept the ministry going.

They were part of the ministry.

We worked shoulder to shoulder.

They worked hard. If they wanted to have a shot at us this is what they could have a shot about, being slave labour. But we were slave labour too. That was how people worked. The average person worked fifty hours a week (Sisters of St Joseph, 2001, p. 50).

Two Sisters volunteered comments that echoed the voice of Matron Shaw from Crown Street quoted in Chapter One:

They were good girls. Good girls had their babies (Sisters of St Joseph, 2001, p. 1)

I admired the girls. They were nice girls. They had courage and were accepting and cheerful of what had happened to them. They went through the pregnancy (Sisters of St Joseph, 2001, p. 48).

However some of the comment from the Sisters themselves echoed attitudes of judgement and blame, sometimes veiled, often allied with compassion:

It was a God given gift that I could be compassionate to those who had gone off the rails (Sisters of St Joseph, 2001, p. 47).

We just accepted the girls. Life is sacred at any time. It was a mistake. Often the fiancé would not marry them once they got pregnant (Sisters of St Joseph, 2001, p. 8).

Poor girls it was a shock to their systems for the most part. Some of them had only had relationships once or twice and end up with pregnancy, particularly the young girls 15 or 16 (Sisters of St Joseph, 2001, p. 49).

There were some lovely girls. Some of them were weak and came back time after time. One girl came back five times. Sometimes they came themselves and sometimes their mothers booked them in. Some of them were very wild. We kept them busy and gave them work to do so they would not be out on the streets and in more trouble.

I learned a lot from the girl that came back five times. She was lovely but weak. Two of her children (they were adopted) were sexually weak as well. They got into trouble. One was a boy and one was a girl. They went to different families (Transcripts of evidence, 1998, p. 131).

An older Sister recalled the attitudes of the time with a veiled concern about modern attitudes and an overt sense of blame for the morals of the single mother:

It was a terrible thing to have a child out of wedlock, not like today. Today they are blatantly parading that fact that they are pregnant whether they are married or not. It was not done, premarital sex. It was not discussed. It was a disgrace for the whole family. Taboo (Sisters of St Joseph, 2001, p. 8).

The author recalls being told in the presence of another Sister:

The biggest favour we can do for the girls is to assist them to repent of the sin they have committed.

The decision to adopt out the baby was seen, by some of the mothers, as a natural consequence of the secrecy and shame surrounding the pregnancy. The baby was viewed as the evidence of the mother's sin:

(Adoption) would definitely be the line taken by Catholic organisations in those days. It was not the line to encourage young single women to keep their babies. As I have said, in Catholic eyes it was a sinful thing

that I had done. The stigma of illegitimacy was really important to my family; it was such a big thing. And it was a big thing. I remember hearing, before I stopped going to church, the Catholic priest going on about what a dreadful thing it was that single mothers sometimes kept their babies and that that should not be allowed. It was the policy. It was just what people expected (Transcripts of evidence, 1998, p. 134).

But my family made it very clear that that was not acceptable because the stigma of illegitimacy was seen as a very big thing and a good Catholic family would not have illegitimate children in the home (Transcripts of evidence, 1998, p. 130).

The Sisters concur with this perception also – believing that the very fact that the mothers came to St Margaret’s or St Anthony’s meant that adoption was a foregone conclusion. This is why they came:

I think probably they got referred, because they were mainly Catholic Girls and they got referred to St Margaret’s and St Anthony’s. Some of them were country girls, some of them weren’t (Sisters of St Joseph, 2001, pp. 3-4).

By the time they came they had made up their minds to adopt out the babies (Transcripts of evidence, 1998, p. 141).

Censure and blame from society and family

Parental reactions varied from compassion through self-righteousness to rejection. The mothers tell of their own dismay at finding themselves single and pregnant and of the difficulty in confiding in others. The perception that they, in their pregnant state, and subsequently the child of an illicit union were somehow unacceptable in the eyes of the church had a profound effect on the reasons for the way they spent their pregnancy. A younger mother recalls the panic that her pregnancy created with a relative who was her principal carer:

I guess I was just sixteen when I found out that I was pregnant, so obviously I was 15 when I became pregnant, which had its ramifications. How did I feel about it? I really did not think I was, I suppose. I guess I was in denial for quite some time, which really did not help me when it came to the point ...I lived with a 75 year old great aunt, who was a spinster and who had never had children, so when I came home to her and told her I thought I was going to have a baby she just totally freaked out. Basically she contacted the parish priest, because we were Catholics, and marched me down there and said 'Do something with her because she can't stay here. She can't have a baby.' Everything was 'You can't' (Transcripts of evidence, 2000, p. 30).

The Sisters were very aware of the punitive attitudes of parents and family to the pregnant women. They knew that sometimes the parents did not even know about the pregnancy because the mothers had elected not to tell them:

The poor girls....We had one girl and it was so hush and she went to hospital and she had to have a caesarean so the family had to be notified. It was on for young and old. She was such a tiny thing and she had a big baby. They had a job to save her (Sisters of St Joseph, 2001, p. 6).

They came because they had nowhere to go and sometimes the parents didn't know. The parents or the family doctor arranged (Sisters of St Joseph, 2001, p. 8).

This attitude often was perceived to extend right through the pregnancy and even after the birth of the child, with parents refusing to visit their child or acknowledge their grandchild:

I think some mothers didn't accept them and never came to visit. Others had put them in homes so the shame of it didn't affect the family. Others were compassionate to their daughter in their predicament (Sisters of St Joseph, 2001, pp. 4-5).

Adding to the mothers' feeling of guilt and shame were the reactions of shock and horror that greeted the announcement that they were pregnant, the accusations of sin,

the conspiracy of silence, the perception that they were objects of shame and the lack of acceptance of them and their unborn infants.

Ostracised and Isolated

These reactions of shame and blame often culminated in the mother being sent away from home to hide from the neighbours the fact of the pregnancy. Very few of those who subsequently adopted out their babies spent their pregnancy at home and many stayed with relatives or were sent to maternity homes such as Braeside Church of England Maternity Hospital or St Anthony's Home at Croydon, or to hostels at the larger maternity hospitals such as Crown Street Women's Hospital, the Royal Hospital for Women and St Margaret's Hospital.

One very young mother recalls the experience of being sent away from home. Her story is echoed by others:

My mother then took me to the Royal Hospital for Women at Paddington. In the basement of the hospital there is a dormitory style set-up called Pre-Term. As I remember, this was a large room with beds either side and showers and toilets at the end (Transcripts of evidence, 2000, p. 166).

A mother expecting twins clearly recalls the absolute secrecy that surrounded the diagnosis of pregnancy. This mother subsequently spent her pregnancy at a home for unmarried mothers:

It was kept very secret. My mother and the doctor knew, probably no-one else much. I probably told a friend, but I did not tell the father. That was about all at that stage. Later, more people became involved (Transcripts of evidence, 1998, p. 128).

Some of the mothers were assisted by social workers or clergy to obtain work in the community as live in housekeepers or nannies until their babies were born:

From there on I was given a choice of whether I wanted to spend the rest of my pregnancy in a home, or out in the community. I think I was sort of coming from a very good-girl angle, that I would do anything that everybody told me, because I had done this dreadful thing about getting pregnant and not being married. I chose to go out into the community and work in the home of a divorcee woman with three children. When I look back, wow, she had a really good deal. For about \$10 a week, I think it was accommodation and food I looked after her children. She was running a small business and I did some office work and cleaned her home (Transcripts of evidence, 1998, p. 20).

The mothers felt banished and alienated from society by being sent away from home, family and friends. The church and Hospital Homes and Hostels to which they were sent were viewed as prisons and as part of the conspiracy.

Even for those who did not leave home the sense of isolation and denial resulted, for some of the women in their being afraid to ask questions or feeling they did not have the right to do so:

My pregnancy was not spoken about at home, at school nobody knew and in the hospital it was as though it did not exist. I was healthy and active and carried on normally. Although I was not in denial that I was pregnant it was as though those around me were and the subject itself was taboo. As the subject of pregnancy was not discussed I guess it was fairly natural that I did not: proceed with the questions that I probably normally would have asked - and that certainly were on my mind. You have to remember it was the 60s (Transcripts of evidence, 1998, p. 163).

For the Sisters the isolation of the women was real enough but for a different reason. It was the belief of every Sister interviewed that the seclusion of the women was to protect their privacy and to keep the pregnancy secret, as much for the sake of the family as for the girl herself. This was viewed as a necessity given the prevailing attitude of church and society. Although St Anthony's was, initially, expressly for Catholic girls the Sisters recall that not all the mothers were Catholic. Every Sister was clear about one thing – they were offering sanctuary and refuge to the single pregnant mother:

They came because of the stigma of single parenthood in those days.

It was a very different world and the girls did not want anyone to know they were pregnant (Transcripts of evidence, 1998, p. 141).

The Sisters were part of a conspiracy of silence, but their perception of what they were doing is quite different from the perceptions now expressed by some of the mothers. They went out of their way to ensure that the privacy of the mothers was guarded jealously. Stories are told and verified of letters posted from other suburbs and even from interstate to concur with the girl's wish to keep her pregnancy, and therefore her whereabouts secret. One Sister is quoted in the Inquiry transcripts as recalling:

They came from all over Australia and we did all sorts of things to keep the pregnancy secret. We even sent letters via another address and postmark to preserve their privacy (Transcripts of evidence, 1998, p. 131).

The girls were known only by their first names and these may not have been their real names at all. The evidence given by the women at the Inquiry suggests that some mothers found this depersonalising:

They changed my name while I was there. They did not call me Dianne. Well, they said, "Pick out a name", and I could not think of a name. Then I thought of my grandmother's name and I thought, "I'll just be Frances, that'll do." That was really queer because I sort of

took on a different identity in a strange sort of way (Transcripts of evidence, 2000, p. 33).

For the Sisters however this was considered both a form of protection and of identification if two women of the same name were in residence at the same time. Even the babies after birth were not given surnames but were labelled 'Baby of Jane' with their sex, date and time of birth and BFA [Baby for adoption]:

They were birds of passage. We didn't even know their real names.

There was great emphasis on privacy and confidentiality. They were given false names (Sisters of St Joseph, 2001, p. 4).

This perceived need for secrecy and discretion persisted into marriage and the birth of subsequent children at least in the 1950s. One Sister recalls:

We were pretty busy at the time (in labour ward) and I asked her was this her first baby because I thought she may not be as quick as some of the others if it was her first baby, and she said it was and then she called me over and she said 'you know me, I've had a baby here before but not even my husband knows that'. But she said if it made any difference she would say it was not her first baby. I did not tell anyone but I watched her very carefully during labour and delivery because she was not a primigravida (Sisters of St Joseph, 2001, p. 28).

The mothers report a continued feeling of isolation and rejection throughout the pregnancy, labour and time in hospital. They believe that the nurses spent very little time with them during their time in labour:

I was left alone to go through my labour in a stark labour ward with little more than a bed and a clock. I was young and frightened, despite this no comfort or reassurance was given to me. A little compassion in a Christian hospital would have gone a long way (Transcripts of evidence, 2000, p. 51).

The perception of the Sisters differs from the perception of this mother – though no discussion of this particular case has taken place. It is the Sisters' perception that the single mother was given preferential care always - student midwives as well as the nursing Sisters would stay with her during labour even when they were meant to be off duty, because of her youth and situation. Sisters who had worked all day would sit up all night to monitor the difficult labour of a single mother. The Sisters stated:

I only supervised care in labour ward and relieved for meals, but there was no difference in the standing orders for the unmarried girls. They were better looked after if anything because they had no one to visit them (Sisters of St Joseph, 2001, p. 26).

They actually received very good treatment because we tended to stay with them; better treatment because we tended to stay with them. For some reason they seemed to take longer to have the babies and we

stayed with them. They had no one else to be with them. I don't think the treatment was any different except that the baby was taken out straight away (Sisters of St Joseph, 2001, p. 26).

We were good to the girls. If I had a choice I would always choose to care for them rather than the other mothers. Once I sat up with a girl for 24 hours so she would not need a Caesar (Sisters of St Joseph, 2001, p. 30).

The Sisters who worked in labour ward do recall discrepancies in the care of which the single mothers would not have been aware. The first was to prevent the mother from tearing and needing stitches. This was so that she would not have scarring and it would not be so obvious that she had given birth to a child. The second was that if tearing did occur the suture material of choice was not the black silk that was commonly used and was cheaper and easier to obtain; but the newer, more expensive and dissolvable catgut which left minimal scarring.

The mothers' accounts of postnatal care are very individual but there are recurring and sometimes contradictory accounts of being isolated in single rooms; of being put in with mothers who were keeping their babies; of being in a ward with other single mothers or of being transferred to other hospitals for the post natal period. Some perceived that they were isolated from others and that their treatment was very different:

Because I was coming from St Anthony's I was in a whole ward full of people who were adopting. It is probably hard for me to compare from

that experience. But certainly from later experience of having children, it was a totally huge difference, yes. I think the attitude was systemic in that it was just accepted that you were treated in a certain way. Everybody knew if you were in that ward you were going to adopt, so they did not have to treat you in the same way that they would treat other mothers (Transcripts of evidence, 1998, p. 132).

One mother has a memory of being left alone in a room that was cleared to be painted. Whatever the circumstances her perception of punishment and alienation remains very strong:

One memory that still causes me considerable emotional pain is the fact that at one stage during my hospital stay they cleared the ward to be painted, leaving me in it. I was, and still am, an asthma sufferer but any physical suffering is greatly outweighed by the emotional pain I suffered at that point. This treatment certainly contributed to an already low self-esteem and feelings of unworthiness. I had turned 17 about one month before (Transcripts of evidence, 2000, p. 52).

The facts for St Margaret's Hospital, as the Sisters recall them, are that where possible the mothers who had been at St Margaret's during their pregnancy were nursed in single or two bed rooms. This was because they were not permitted any contact with the baby as shall be discussed later in this chapter. In contrast the women from St Anthony's were accommodated in a four bed ward set aside for them or in an

isolated bed in a corner of a six bed ward. They did have the option of contact with their babies but did not breastfeed. The isolation from the other mothers was real and was deliberate to give the mothers privacy, protect them from meeting anyone they knew and save them from the pain of seeing other mothers and babies:

We had a strict policy that the girls, wherever possible were put into a single room if there was one available or a two bed room. With the volume of girls who were coming through in those days there were often more than one at a time and so they would go into a single bedroom or even a four bed room, but because the number of deliveries was very high sometimes we did not have a single or a double room available. We had an eleven bed ward at the end and one of these beds was in a corner, and so she was completely private because she had three walls and a curtain. That was the least effective or the least favoured room. She certainly could hear mothers and babies but also some of those girls elected to feed their own babies or to see the babies. There was a degree of isolation. You did not always have accommodation for the ideal (Transcripts of evidence, 2000, p. 131).

All the Saint Margaret's single girls always went into the single room. Saint Anthony's didn't, she (the Matron) used to put them in the corner of the big room (Sisters of St Joseph, 2001, p. 31).

One Sister from the founding days of the hospital recalls that the women were referred to as Mrs and treated the same as other mothers when in the wards:

We gave them the title of 'Mrs' when they were in the ward. If they were keeping the baby they were treated the same as anyone else who had a baby. If they were not keeping the baby they were treated just like anyone who had lost a baby. They were put in private rooms (Sisters of St Joseph, 2001, p. 10).

The isolation and alienation was not confined to the time of the pregnancy and birth. Once the mothers went home without their babies they were expected to get on with their lives and to forget they had ever been pregnant. This sometimes had devastating effects on the rest of their lives:

It hit me about nine months later and I packed my bags and I left home. I went to Sydney and I never went back. I packed my bags and landed back on Central Station. I had contacts with a couple of girls from St Anthony's who lived in Sydney and I met up with them again. I could not handle it any more back home. It was like people knew but no-one ever said anything to me. I always felt like people were looking at me and talking about me. Paranoia had set in and I just decided that I would go (Transcripts of evidence, 2000, p. 36).

They told me I was to go home and just forget about it all. At least I remembered that I had a baby. Some women did such a good job that they even forgot that (Transcripts of evidence, 1998, p. 130).

Even in the 1950s, very soon after the Sisters took over St Anthony's the Sisters were aware of the dearth of follow up support for the women and expressed regret that this was so:

The sad part was, three or four girls would come home from hospital together. Then they were ready to go on. They were leaving straight away, had their cases packed. It was all so quick. They signed the consent and were ready to go... There was no time for any counselling or help after they signed the consent (Sisters of St Joseph, 2001, p. 23).

They had the option of counselling if they wanted to ...most of them just wanted to shake the dust off their feet and get on with life (Sisters of St Joseph, 2001, p. 24).

Deprived of Choice

Once on the treadmill many of the mothers perceived that there was no way off. For many of the mothers this was a double bind. The authority figures, parents, health professionals and clergy were advising secrecy and adoption. The mothers were bound by a code of silence because of the perceived shame and secrecy.

Deprived of choice by being sent away

The mothers therefore describe their time at homes for single mothers as a time of imprisonment and punishment. Some saw it as a time they were meant to repent of their 'sin'. For some of the mothers these perceptions both added to their feelings of shame and alienation and deprived them of any right of choice over their own care or the care of their infants:

My nightmare was caused by social workers who sat in judgment of me, a pregnant, 19 year old naive country girl, labelling me as unfit to raise my baby because I was not married. These persons did not ask how I became pregnant, nor did they care. I was stereotyped, as were many other girls also imprisoned with me in a ward known as Waiting Patients, as having loose morals, sleeping around and getting myself pregnant. Go and sin no more was the only advice ever given to us in the words: You must go away and get on with your life; forget about this and in time you will have another baby when you are married (Transcripts of evidence, 2000, p. 143).

I had my child through the Catholic Adoption Agency, the unmarried mothers' home (unnamed) which was the most degrading, distressing situation I have ever been in my life. I have travelled through many, many countries in the world and I have never experienced degradation

like I did there and in the subsequent hospital (Transcripts of evidence, 2000, p. 175).

Another mother who spent her pregnancy at St Anthony's likened the experience to being at boarding school. She was sixteen and if circumstances were different she may have in fact been at boarding school:

You just really did not have any options. You were just there. You were just herded around. You did not have any individuality. Everyone swapped maternity smocks and shoes. It was like living in a boarding school but everyone was largely pregnant. It was like living in a boarding school with just lots of girls but everybody was pregnant. It was really weird. When you think back on it, it was weird (Transcripts of evidence, 2000, p. 32).

This same mother went back to practising her religion because that was what she believed was expected of her:

The nuns, well, they were nuns back in the 1960s and they were surrounded by all these naughty little girls who were pregnant, and they would love you to go to Mass and do all of that stuff. I found myself going back to Mass. I found myself at confession, confessing to what I had done, and I had no intention of doing that. But I felt like there was a lot of pressure and like it was easier to live there if you went to mass and confession. It was almost like you got extra. I do not

think you did, but it felt like it was more comfortable if you just went along with them by going to mass and confession. I went and confessed the sin; the mortal sin I was told (Transcripts of evidence, 2000, p. 32).

Deprived of choice by sedation

For the women who delivered in the years between 1950 and 1975 there is now a strong perception of having been drugged during delivery and in the post natal period. This was a recurrent theme at the Inquiry and was closely linked to the process of taking consents for adoption:

I was much sedated during my labour and delivery, in fact probably partly anaesthetized, because I do not remember any pain during the delivery. It was like a dream. I woke at one stage and asked if my baby had been born, and fell asleep again. Next time I woke I was receiving some stitches, the doctor was there doing that (Transcripts of evidence, 1998, p. 154).

The Sisters would concur with that but it was an almost universal experience. Prior to the 1970s the drug of choice was ether:

‘They all had ether so they were pretty sedated. Everyone had ether in those days’ (Sisters of St Joseph, 2001, p. 26).

Yet another concurs:

'They would have had ether, everybody had ether. You actually had it yourself after you delivered about ten (babies)' (Sisters of St Joseph, 2001, p. 27).

A nurse who later gave evidence at the Inquiry gained access to her medical records many years later:

I was astounded when I got my medical records to find that every night I was administered 100 milligrams of Pentobarb before sleeping. Then, the night before I was to sign the papers all the dates are in the submission interestingly enough, at 9 o'clock I was given 100 milligrams of Pentobarb and then at 11 o'clock I was given another 100 milligrams of Pentobarb. I wonder how off my face I was to be able to take in all the information about the consent forms (Transcripts of evidence, 1998, p. 22).

However this is not a universal experience and one mother who delivered at St Margaret's recalls:

I know other people had that experience, but I was not drugged (Transcripts of evidence, 1998, p. 132).

The Sisters from St Margaret's concur that there was not excessive drugging during labour and the mothers were not given excessive sedation during the post natal period. Most mothers, married or single, were offered Carbrital, a bromide capsule which was used as sedation, to help them sleep. The matron herself gave evidence that:

The girls were only given ether the same as everyone else. There were no epidurals in those days and we did not use heavy sedation because it made the delivery hard if they were too sedated. We only gave pain relief if they (the women in labour) had a POP and it was going to be a long and painful labour (Sisters of St Joseph, 2001, p. 26).

However there was evidence of compassion in the treatment of the mothers and if they were given extra pain relief it was to ensure that their labours were kept as pain-free as possible. The Sisters recall being given instructions to do just that:

(The matron) used to, she almost demanded that you give them sedation. She was very sympathetic towards the girls. 'That poor little thing' she would say (Sisters of St Joseph, 2001, p. 28).

She is well dilated; give her sedation (pain relief). Don't you think she has enough to put up with; she doesn't need to suffer anymore (Sisters of St Joseph, 2001, p. 29).

As the Sisters shared their recollections it became clear that they did not refer to just ether as sedation, but used the term in reference to such drugs as carbital, pethidine, morphine and sparine, the drugs of choice for pain relief in labour in those days. Many of these drugs did, and do, have the side effect of heavy sedation but that was not the primary intention.

A random audit of charts of mothers who had released their babies for adoption at St Margaret's between 1950 and 1975 revealed no evidence of excessive drug use for sedation (Baldwin, 1999) by the standards of that time. Mothers were identified by address and then their records culled to include only mothers who were having their first baby, had a normal delivery without complication and had no other medical problems. However it must be noted that practices in hospitals have changed radically since the time that these mothers had their babies. The advent of epidurals and the use of alternate methods of pain relief mean that women are much more alert and aware during labour and delivery.

Denial of access to adoption alternatives

One of the most contentious issues in the adoption saga is around the actual consent for adoption. The mothers are clear that their choices were limited. This is one of the most painful areas of evidence for all concerned and may be divided into two areas of concern – lack of information about adoption alternatives and the actual process of signing the consent for adoption.

Some of the mothers imply that they really wanted to keep the baby and made this known:

I told the nuns that I wanted to keep my baby, but was repeatedly told not to be silly. I was constantly pressured to surrender my baby for adoption I was constantly told that if I loved my baby I would give him to a proper two parents established home where he could have a good

life and everything else he needed. I was told I was selfish when I insisted that I would keep my baby. They said that I should forget about the baby and get on with my life (Transcripts of evidence, 2000, p. 124).

Others wanted to know what their options were prior to making a decision:

Whenever I asked for help or asked about non-adoption alternatives, I was told I was not a fit person to keep my baby and I should think of the unfortunate people who could not have babies of their own and that I would be able to have as many babies of my own as I wanted when I was older (Transcripts of evidence, 2000, p. 160).

They did not know if there was any financial support or child care available for them and most were told that there was no way they could cope alone. In the light of this knowledge some now believe that it was a wide conspiracy to take their babies from them. Some were actually not even told of the thirty day revocation period or discouraged from taking advantage of it. Even those who were aware of the thirty day revocation period did not see their way clear to supporting an infant. Their ability to keep and care for their children was therefore dependent on financial support from their family or the baby's father.

Some mothers had no recollection of any alternative being presented to them other than adoption. Indeed for at least one mother this was the reason she gave for giving evidence at the Inquiry:

I have agreed to give evidence today because I think it is important that adoptive parents, adopted children and the wider community have a clear understanding that many birth mothers relinquished their babies because they were given no choice other than adoption (Transcripts of evidence, 1998, p. 159).

A sixteen year old mother, who later married the baby's father does not recall having any say in the in the future of her baby. It was as though she had no part in the scenario at all:

Most importantly, I was never counselled independently. I never saw a social worker and I was given no information about non-adoptive alternatives, specifically any kind of monetary help to keep the baby with me if I had no other means of support (Transcripts of evidence, 1998, p. 152).

The same mother recalls seeking or hoping for alternatives both before and after the birth of her child. They were not forthcoming:

No information was ever given to me by anyone involved about alternatives, for instance keeping the baby, getting monetary support, etcetera, that was neither the doctor, parents, or hospital staff nor solicitors. I never saw a social worker. It was never mentioned that I could change my mind after signing. I was firmly told it was

irrevocable. He said there was no way things could be changed now. He told me I should get on with my life and forget about it. I obviously did not do that. I never forgot about it. I never really accepted it at all (Transcripts of evidence, 1998, p. 155).

Even mothers who made the decision to adopt now question the fact that they were not given the options available to them at the time:

I was not under pressure to decide one way or the other. They never pressured me, but I believe there was a lack of information given that I had actually asked for which could have helped me make an informed decision. Whilst it was my decision, and I acknowledge my large part in it, I do not believe I was given the information I should have been given to make an informed decision. I do not believe it was an informed consent. It was consent, it was my choice, but it was not informed. There was actually some pressure put on me to make up my mind immediately (Transcripts of evidence, 2000, p. 69).

The procedures for obtaining consents at St Margaret's prior to 1965 are unclear, there is no access to the information the mothers were or were not given. Only one Sister was able to give any first hand information about the process and she died soon after being interviewed. Her words were trite:

There is nothing to worry about; it was all done properly, through the lawyers (Sisters of St Joseph, 2001, p. 17).

One Sister who worked in this ministry in senior positions believed that consents were always obtained through the appropriate channels but was unsure of how this was done:

(Matron) used to get a solicitor. She never touched the consents you can be sure about that (Sisters of St Joseph, 2001, p. 18).

What is very clear from St Margaret's is that the control of the services to the unmarried mothers was in the hands of one person.

The assumption was that if the girls sought seclusion at St Margaret's they intended to have their babies adopted. For some of the Sisters the very fact of offering shelter and seclusion and arranging adoptions was seen as concurring with the decision of the expectant mother and /or her family. However the Sisters believed that if subsequent to coming to St Margaret's the mother decided to keep her baby she would be assisted to do so, and some could cite actual cases where this had occurred. Certainly there is no record of a written policy at St Margaret's, as there was at St Anthony's, that ensured that only mothers who intended to surrender their infants came for care.

The letter from Cardinal Gilroy approving the transfer of St Anthony's Home indicates that the arrangement of adoptions was never the responsibility of the Sisters of St Joseph (Sisters of St Joseph Archives, 1952). This remained nominally, the responsibility of the Saint Vincent de Paul Society. Social Workers from the Catholic Welfare Bureau visited the Home, educated and counselled the girls and, after delivery, obtained the consents. As will be seen, in the early years after the Sisters arrived, the

witnessing of consents sometimes fell to the Sisters if the Social Workers were not present.

This is consistent with the recollections of a former Sister Administrator:

We would notify the Catholic family welfare bureau and they would come in and interview the girl. She would talk to the girls in a group and then she would take them individually. After they delivered the Social workers would go and see them on day 5. It was not the case when I first went to St Anthony's (Sisters of St Joseph, 2001, p. 19).

Denial of access to due process for the signing of consents

Many mothers feel that as well as signing consents under the influence of drugs and without full knowledge they were rushed into signing their babies over for adoption. The validity or otherwise of the consent has been tested through the Inquiry and is not the subject of this study.

From the Sisters' stories it would seem that prior to 1965 it was not unusual for the Sisters to witness consents especially when the girls were ready to leave and the consents had not been signed. On these occasions the consents were witnessed by a Justice of the Peace, such as a Mr. Henry who lived nearby, or by the Sister Administrators or other Sisters who held that qualification. Memories differ as to how many times it happened. Sisters responsible for obtaining consents in the very early days recall:

When we were at St Anthony's there was a man across the road he was a JP and he witnessed them. His name was Mr Henry. Then Sr.... and I, we became JP's. We took the consents (Sisters of St Joseph, 2001, p. 23).

Conversely another Sister Administrator who worked at St Anthony's Home in the 1970s recalls that by this time that it was rare for the Sisters to witness the consents and was only done in an emergency:

Only in an emergency did I take consents. I think in the whole six years I was there I only took about two or three. A real emergency but that's all. Monsignor McCosker, and I could see his point, said that it was good if someone away from the place, and a professional woman, could take the consents, and they did. They arranged the adoptions (Sisters of St Joseph, 2001, p. 20).

Denial of preferences for baby after adoption

In theory the mothers could state preferences for the babies, even if the baby was for adoption. In practice they did not always perceive that these were respected:

I was attending a Church of England church at the time and I felt that by having my baby adopted into a Church of England home he would grow up with the same values as I had because I eventually intended to find him. As to what happened to my request, it was rewritten to

read “My religion is Church of England and I desire that my said child shall be brought up in the Methodist or any other Protestant religion.” I believe that my request was ignored as the adoptive parents had already been selected and my request did not entirely fit with the adoption order which stated that the adoptive mother was Methodist and the adoptive father belonged to the Church of England church. As it turned out neither parent was practising either religion, but they must have been aware of my request because they had him christened Church of England (Transcripts of evidence, 1998, p. 161).

The social stigma that had initiated their isolation during pregnancy also meant that their families did often not want the daughter to return home with a child. As one mother from St Anthony’s said:

The only girls at the home that I saw keep their babies were the ones who got support from their families. I saw that as being fundamental. Where would I go and what would I do? I had no idea and no one ever mentioned that there was any other kind of support that I could have (Transcripts of evidence, 1998, p. 133).

Treated like an Object

The feelings of alienation and punishment persisted for the women as they moved through the pregnancy and labour – a process that can be difficult and can be embarrassing for women at any time. They perceived that they had no control over any

part of the process and were treated as teaching specimens and objects of ridicule.

The women tell of antenatal examinations that were degrading and humiliating:

We were treated like second-class citizens, not worthy of any respect or compassion. One incident I shall never forget is being visited by a group of young interns and a resident doctor. This intern told me to lie on the bed and lift my dress, smugly adding, "Come on, you've done this before". His fellow peers, including the resident doctor, all laughed. The shame and humiliation I felt has stayed with me to this day (Transcripts of evidence, 2000, p. 166).

I think it probably was unethical in that they did not treat me as a human being. I am sure that according to their code of ethics doctors are supposed to have paramount concern for the patient. But I think, because I was having twins, I was seen as a kind of twin-carrying specimen (Transcripts of evidence, 1998, p. 131).

The same mother also recalls:

I think it was a teaching hospital, so I had a constant stream of doctors with students coming along and feeling my stomach, and I am sure a certain number of internals were done too. By this stage I was just cutting off from what was happening. I felt very powerless and did not feel that I could say to somebody, "Do these people have a right to talk over my body and say here we have this young woman and we are

going to try to find out what she is in here for." There were various jokes about that because obviously they could see I was pregnant. They would be chuckling about that. A couple of times I did try to engage people in conversation to try to remind them there was a human being here, but doctors can be pretty dismissive and usually they would just make some kind of put down. Everybody knew I was from St Anthony's, I was single, I was going to adopt, and I was obviously very young so I did not really have many rights (Transcripts of evidence, 1998, p. 133).

The automatic insertion into a system geared for adoption was very marked for a mother, who was a schoolteacher with an income and private health insurance:

They asked for my details and when they discovered that I was unmarried they sent me to the social worker. I dutifully went to see her then and there. I had only one interview with her and, she was very unhelpful. As a teacher I had private health insurance. She was really quite insistent that I go into a public ward, where girls like me go, she used those terms, because that is where I would feel comfortable. I asked her about antenatal classes and she advised me not to go because they were for married woman. She was insistent that I not use my private health insurance. That was the only time that I stuck to my guns and I said, "Well, I am. I've got it; I've got my own doctor." I

had arranged that already and I said I was going to use my private health insurance and go into an intermediate ward. She was not very happy with me (Transcripts of evidence, 1998, p. 112).

The Sisters believed that the mothers who were resident at St Margaret's and who came in from St Anthony's Home were offered the best antenatal care possible through the St Margaret's outpatient clinics. This was a free service and visits followed the usual pattern of monthly to about thirty two weeks, fortnightly until thirty six weeks and then weekly until delivery:

I first had contact with the St Anthony's girls when I did the outpatients clinic. I did that for a few weeks, two or three months I think. And they used to come in from St Anthony's to the Outpatient Clinic, antenatal patients. I can vouch that these girls were treated exactly the same way in the antenatal clinic as any other person except that their privacy was guarded a bit (Sisters of St Joseph, 2001, p. 9).

The Sisters recall that the mothers resident at St Margaret's attended the outpatients' clinic but it was a special clinic for them after hours so they would not meet anyone they knew. The mothers from St Anthony's originally attended the clinic as well but later one of the specialist obstetricians offered a voluntary service by travelling to St Anthony's to see the women.

Never a Mother

The mothers had a strong feeling that the baby they were carrying was not destined to be their infant but that they were some sort of incubator for the adopting parents. They were often denied the right to see their child and practices were in place in most institutions to prevent this happening: Policies across hospitals appeared to be almost universal in denying the mothers immediate contact with the babies at birth. The way of doing this seemed to vary from putting a sheet or pillow in front of the mother to whisking the baby out of the room. The mothers report the anguish of separation:

Everybody except me was able to view the birth. A sheet was put up in front of me. I tried to take it down at one stage, but the same head sister was quite nasty to me and said, "You chose to have your baby adopted, not us." Somehow all of the information from the hospital social worker had translated into the action that was taking place. I had not said anything, I had been too busy, but somehow the sister knew that according to the records of the hospital social worker the baby was to be adopted. I had not said anything to anyone. The sheet was placed in front of me. After my son was born I pulled it down again as one would expect a mother to do to have a look at him. I had a good look and I expressed what every mother expresses at that point, and the sister turned around and said, "Get that baby out of here." I said, "No, no, leave him, leave him." She said, "Get him out", and they took

him away. I did not see my baby again until after I had signed the adoption consent (Transcripts of evidence, 1998, p. 116).

This theme was reiterated over and over from different mothers in different hospitals:

The delivery was normal and I was treated well except that I was not allowed to see the child. A pillow was held up and when I protested I was told that it should not concern me as he was not mine (Transcripts of evidence, 2000, p. 50).

I was not just this thing on a bed shooting out this baby they were going to take (Transcripts of evidence, 1998, p. 22).

I asked were they all right and were they boys or girls, but beyond that no one would give me any information. I wanted to know whether they were identical twins or whatever. No-one would ever tell me and I only found that out in the past year or so. I suppose once I gave birth I ceased to be of interest, in a way (Transcripts of evidence, 1998, p. 132).

Some managed to catch a glimpse of the infant at birth before it was taken from the room:

I asked to see my baby. I could not hear anything. I never heard him cry at all. So the doctor told the sister on duty to bring the baby to me - very quickly, he was fairly impatient about it - but I was most definite I wanted to see the baby. I saw him for about thirty seconds. I reached

out and touched his face and said he was beautiful, and then the nurse sort of quickly whisked him away. I just saw his face really, no other parts of his body. I never saw him again until he was nineteen years old (Transcripts of evidence, 1998, p. 154).

The mothers felt that they never really had a baby; that the child was always destined for the adoptive parents. Some saw the baby only after they signed the consent. Others were luckier or more persistent and managed to see their infants:

Your babies were not seen as your own and as soon as you gave birth you were supposed to forget them from the first minute. That is over: now you have to get on with your lives. That was also a very weird experience (Transcripts of evidence, 1998, p. 131).

During that conversation she (the social worker) made the point that revoking consent was a terrible thing to do to these people, to take the child back from them. Apparently, it was not a terrible thing to do to me... The clients were clearly the adopting parents. I was not a consideration and my feelings were not considered at all. I believe that the social worker certainly acted unlawfully; because that was my right I did have a right to revoke the consent. She acted unethically, and I think that what she did was morally reprehensible (Transcripts of evidence, 1998, p. 117).

All I could ask was did she have all her fingers and toes. Later on I

was mistakenly placed in the ward. The unmarried mothers were sent out on to the verandah. The next morning, the babies were being wheeled in for their morning feed and I almost had my daughter given to me until one of the staff called out, "Stop. She cannot have that baby. She is being transferred out on to the verandah". As made my way outside I tried not to look at all the other mothers nursing their babies. I did look at one mother and she had a warm smile on her face and tears in her eyes. Her compassion almost made me feel human again (Transcripts of evidence, 2000, p. 167).

One mother who initially intended to keep her child recalls that she was from the outset treated as an adopting mother:

My baby was not brought to me and I had no idea why. I went searching for him and found him at the back of the nursery in a bassinette labelled "Baby for Adoption". I have no idea how he got there. My baby was brought to me at feeding time the following morning. I tried to breastfeed him, but found it difficult. A nurse took him from me and weighed him. She said, "He hadn't got any milk", and took him back to the nursery to give him a bottle. I cannot remember the other occasions when I tried to feed him. All I remember is feeling that I was a failure as a mother and that perhaps my baby would be better off without me (Transcripts of evidence, 2000, p. 149).

The Sisters recall that the girls who had resided at St Margaret's had at this time no access to the babies post delivery. The matron of the time explained her policy thus:

The girls did not see the babies if they decided to adopt. People say and said I was cruel, but I'll tell you why I did it. When I first went to St Joseph's in Broadmeadows (Victoria) the single girls would breastfeed the babies for six months. Then they would leave. The babies would stay two to three years and the girls would come back and visit. They did not come very often and the little ones would stand with their noses pressed to the gate waiting for mummy to come. I knew if they saw the babies they would fall in love with them there and then and there would be no way they could go ahead with their plans to adopt and there was no way some of them could manage in those days (Sisters of St Joseph, 2001, p. 35)

While the Sisters conformed outwardly to this policy of separation others who had come from St Anthony's or St Joseph's at Broadmeadows found it difficult to enforce. It was so different from the practices in the other institutions run by the Sisters of St Joseph. Their attitude was in striking contrast to those of the matron, who had also trained at Broadmeadows and who had adopted the policy of separation that was more widely practiced in hospitals:

It was extremely hard coming from St Anthony's to St Margaret's and enforcing the policy (of not seeing the baby). We won't go into that anyway, its history (Sisters of St Joseph, 2001, p. 37).

For some of the older Sisters it became a moral issue that stayed with them for a long time,

I don't know about the St Anthony's girls, but I never agreed with (the matron's) policy that the girls were not allowed to see the babies. I remember speaking to a priest about it twenty years later and saying I didn't agree with that. My idea was that if the girls were making the sacrifice of giving up their babies they should have seen them and known them and really made that sacrifice for the babies. That was always my theory. This was not (the matron's). She did not allow them to see the babies if they were not going to keep them, she thought that was the best thing to do. I did not agree with it but that's what she thought (Sisters of St Joseph, 2001, p. 36).

After Broadmeadows and Carlton I always believed that that a girl who was letting her babe go for adoption should see and handle the babe all the time she was in hospital. That was one thing I did not agree with all the time I was at St Margaret's – the girl never seeing her babe (Sisters of St Joseph, 2001, p. 37).

A Mother for a While

The mothers recall the deviation from the norm in the practices at St Anthony's where they had access to their babies. It is interesting to note that the policy at St Margaret's denied the mother's access to their babies while the mothers from St Anthony's had full access if they wanted it even at delivery and in the ward:

That was the best part of it actually because Sister Wilfred, who was a nun there at the time and who ran St Anthony's - I have no idea why, but when you went to St Margaret's she allowed you to have your babies with you. You had your babies with you. You gave birth to your babies; you were put in a ward with lots of other married mothers. St Margaret's had a long ward with four beds there, three beds there and then a corner with three walls around you and that was the St Anthony's bed. I am sure it was the St Anthony's bed because it seemed to be where everybody landed. You had your babies with you. They were brought in with all the other babies for their feeds and everything, only we bottle fed them and the other mothers there all appeared to breast feed. We had our babies (Transcripts of evidence, 2000, p. 32).

Another variation on this theme was reiterated by both the mothers and the Sisters. The mothers were encouraged to say goodbye to the babies when they were dressed

up to go home. The reactions to this varied - it was seen as very difficult by both the Sisters and the mothers but in hindsight is appreciated by both:

When I said goodbye to my daughter she was all dressed up in clothes made by the mother who was to adopt her. However, it was hard to appreciate that through my tears (Transcripts of evidence, 2000, p. 52).

We took the babies back to St Anthony's and they were taken down to the nursery, which was a building adjacent to the main part where the mothers were. This was where it got a bit muddily because if your baby was down there and you went home you had to go and say goodbye to it. You did not have to, but you would go and say goodbye to your baby or if your baby left before you did, they brought the baby up to you to say goodbye to it. I thought that was fairly humane when I think of other people's stories, and I have spoken to a lot of people about this (Transcripts of evidence, 2000, p. 32).

It was awful that the baby was taken away, but at least I saw him, touched him, fed him for five or six days, counted all his fingers and toes, stripped him and made sure everything right, or what I thought was right. I did all of that. I had some idea of what he looked like. I did something I was not supposed to do: I took photos of him (Transcripts of evidence, 2000, p. 40).

The Sisters state almost the same thing - that several Sister Administrators had visionary and far sighted policies on mother baby contact:

Sister... (Administrator at that time) had a theory; the girls should be allowed to go to the nursery at any time to see their baby and even encouraged them to breastfeed if they wanted. Her idea was that if she did all she could for her child (knowing adoption was imminent) it would be less traumatic in later years (Sisters of St Joseph, 2001, p. 38).

Another idea she had was to ask the adopting parents to bring new good clothes for the babe and when dressed the girl (if she wished) could see the child and know it was going to a caring home (Sisters of St Joseph, 2001, p. 39).

The other memory I had is...insisting that the adopting mother bring good new clothes to take the babe home, and when the babe was dressed before giving it over she would take it to the natural mother let her hold it, see how well it was dressed and let her know it was going to a good home. This of course was heartbreaking for the girl but it had its healing too. This final goodbye was necessary (Sisters of St Joseph, 2001, p. 37).

The recollections of the Sisters of St Joseph suggest that there was awareness, even if not articulated, of the early bonding process and of the pain suffered by both babies and mothers at separation. In giving evidence at the Inquiry the author recalled:

My own area of specialty is as a neonatal nurse and from that role I do have something I would like to share with the Committee and with the mothers who have lost children to adoption. Time and time again when the mothers came to say goodbye after signing consents we saw the pain of separation that the babies also experienced, they would be restless and unsettled for that day. On that day we would hold them, sit with them in the rocking chair or carry them round in the Mei Tai sling, sometimes we cried for them and for the mothers. I do not know how babies know these things but I believe that they do (Transcripts of evidence, 1998, p. 139).

Summary of Chapter Six

In summary the experience of being pregnant and delivering a baby in the mid decades of the last century was for most of the single mothers who gave evidence a disconcerting and dislocating experience. The issues that emerge from their stories may be summarized as:

- Reactions of shock, horror and disbelief from the mothers themselves, their church their families, their peers and their colleagues. As part of church and

society the Sisters of St Joseph while offering support and compassion to the women may have been party to these attitudes.

- Automatic insertion into a system that was geared to adoption. The initiation of the process may have come from family, clergy advisors, social workers, general practitioners or obstetricians or even from the women themselves who were unable to deal with the stigma and shame of the pregnancy. This resulted in systematic advice that adoption was the best course of action for both the mother and her infant in that era, concomitant withholding of any advice about alternatives to adoption, and a rushed and possibly unsatisfactory process for the signing of consents. The systems at St Margaret's and at St Anthony's were geared to adoption.
- Separation from the baby at birth and perhaps a brief reunion before leaving hospital and after signing the consent. This was not a universal experience as the mothers from St Anthony's were allowed contact with their babies at birth and during their hospital stay. It was strong and immutable policy at St Margaret's.
- Feelings of guilt, alienation, worthlessness and unresolved grief that persisted for years. The Sisters of St Joseph have been part of the knowledge revolution that has led to a change of understanding and practice for the care of the single mother.

- For those who were involved in the care of the mothers during that period the Adoption Inquiry signals the beginnings of a new journey. The accusations made by the mothers and the rawness of their experience impel an exploration of the learnings that over the years have changed the practices that have given the mothers such distress.

The next chapter further explores these practices in which the Sisters were involved that caused pain to the mothers: examines the changes that have taken place, and explores the learnings that have accompanied the changes within a single loop, double loop and collective learning framework.

Chapter 7

THE VOICE OF WISDOM

Discussion of the Data

In this chapter specific learnings for the Sisters of St Joseph, in relationship to the ministry to the single mother will be identified. This will be achieved by describing key issues emerging from the data; the practices that contributed to the emergence of these issues; changes in practice; the catalysts for change, and finally the learnings, and level of learnings that have taken place. Changes in espoused theory of the Congregation relevant to this ministry will be named as integral to the identification of the levels of learning.

Espoused Theory - Sisters of St Joseph and the Ministry to Single Mothers

Adopting the definition of espoused theory as 'the world view and values people believe their behaviour is based on' (Anderson 2003, p. 2) the three main sources of espoused theory relating to ministry, including ministry to the single mother, may be identified as *Constitutions, Traditions and Practices of the Congregation and* decisions of the *General and Provincial Chapters*.

Constitutions and Traditions and Practices of the Congregation

The ministry to the single mother was not specifically mentioned in the original rule of the Congregation written in 1867 by Julian Tenison-Woods, which makes it quite

clear that the primary work of the founding Sisters was education. The ministry may well, however, have been included in orphanages and refuges as stated below,

This institute has been erected for the pious education of poor children...and this its subjects may attain by direct teaching, by the management and care of seminaries taught by others or taking the charge of orphanages to which may be added, where circumstances allow, refuges for destitute persons (Woods, 1867, p. 3)

The same sentiments with different wording are reiterated in the rule of 1920, which contains the espoused theory of the Congregation at the time of the commencement of the adoption ministry in NSW,

The secondary end of the institute is the instruction of poor children. However, to the work of education can be added, by way of exception, and at the request or consent of the ordinary, other works which may be required by necessity (Sisters of St Joseph, 1920, p 7; 1949 p. 9).

This is the only reference to any ministries other than instruction of poor children that appears in the *Constitutions* until their revision in 1972.

For the Sisters of St Joseph a second book that outlines the espoused theory of the Congregation is known as the *Traditions and Practices* (formerly *Customs and Practices*). This complements the *Constitutions*. The *Traditions and Practices* of 1950 state.

They must attain this great end (sanctity) by working not just for themselves but also for their neighbour, by educating young children, especially those of poor parents, teaching them the knowledge of God and leading them into the way of salvation, and as far as is compatible with their *Constitutions*, by assisting any person who may be in spiritual need or in danger of losing their soul (Sisters of St Joseph, 1950. p. 3).

The values and world view of the Sisters, then, were predicated on their own personal search for holiness and the necessity to bring poor children and others as deemed necessary to the knowledge of God and the salvation of their souls.

Changes in the expression of espoused theory in the Constitutions

The revision of the *Constitutions* taken in response to Vatican II was released in draft in 1972 and shows an attitudinal change both to ministry and to those we serve and with whom we serve. The search for God and the desire to bring all people to God is still paramount but the language is more inclusive and accepting of the variety of works in which the Sisters are engaged. There is recognition of the need to work in collaboration with others. This document goes on to embrace, for the first time, nursing and social welfare ministries (referred to as the Social Apostolate) as integral to the mission of the Sisters.

The final revision of the *Constitutions* contains a reference to ministry which is both inclusive and visionary,

We serve in a variety of ministries; of being and presence, of suffering and healing; of educating and caring. Through these ministries we continue to experience and reveal God's loving kindness (Sisters of St Joseph, 1986, p 2)

While the espoused theory as expressed in the *Constitutions* has remained constant since 1986 the *Acts of Chapter* since 1969 show significant changes in the expression of spoused theory

Changes in expression of espoused theory in ministry

While there is no question that the Sisters have always approached ministry with compassion the earlier documentation may be interpreted as demonstrating a benevolent, almost condescending attitude to those who needed assistance. The Chapters following the Special General Chapter of 1969 and the first revision of the *Constitutions* in 1976 show a growing sense of equality and of the need to recognise justice as a focus of ministry.

The Special General Chapter of 1969 is regarded by many as a landmark in the history of the Congregation. It was the first to incorporate Congregation-wide consultation and resulted in significant change in espoused theory. Prior to this time Chapters were short, lasting only one or two days and were very much concerned with the implementation of the rule. Minutes contain scant detail and little debate. The 1968 consultation included nurses who worked both in the hospital and in St Anthony's Home. This resulted in a change in espoused theory for the nurses in the Congregation,

who, finding their voices for the first time, initiated policies that gave a shared authority and recognised their professionalism. This was the beginning of the break from the apparent total institution that had prevailed in the two institutions and paved the way for shared responsibility and deinstitutionalisation.

While both St Joseph's at Broadmeadows and St Anthony's in Sydney continued to train religious and lay nurses in mothercraft until the latter decades of the twentieth century the necessity for additional qualifications for nurses was poorly understood and implemented. The Chapter of 1916 'refused a submission to allow Sisters of St Joseph to undertake nursing training in hospitals but only in infirmaries on a small scale' (Sisters of St Joseph, Archives 1916).

Clearly the espoused theory of 1916 had at some stage been superseded by theory-in-use. After the Sisters took over St Margaret's Hospital in 1937 Sisters could undertake midwifery training at the hospital. Some Sisters did undertake general nursing at other hospitals but this was not the norm. Many of the Sisters in this ministry had completed general and midwifery or mothercraft before they entered.

There is no further reference to training for nurses in general midwifery, mothercraft or indeed in child care until the Special General Chapter of 1969 which determined that all nurses be given the opportunity for post graduate (specifically mothercraft) training.

Changes in the expression of espoused theory towards those we serve

This Special Chapter was also specific about the care of the mothers and discussed the transfer of all residential care for single mothers to one location at St Anthony's, and the training of single mothers in domestic work, budgeting and home management.

By 1977 issues of injustice and inequality in the world found voice in the records of the 20th General Chapter, (Sisters of St Joseph, 1977, pp. 35-36).

The evolution of thinking continued and the 22nd General Chapter of 1989 moved to an expression of mutuality with those to whom we minister, 'the poor and marginalised challenge us to conversion though examining our own lives (Sisters of St Joseph, 1989, p. 6). More specifically this chapter challenged 'structures, practices, language and attitudes which prevent all women from making their rightful contribution to the church and the world' (Sisters of St Joseph, 1989, p. 9).

The 23rd General Chapter in 1995 identified reverence for human dignity as the most powerful challenge for the Congregation over the ensuing six years (Sisters of St Joseph, 1995, p. 3).

Finally the 24th General Chapter in 2001 recognised the changed foci of ministry to the needs of the present time, including racism, rural needs, violence and grief and loss. Further this chapter moves to an expression of conversion and reconciliation and states that we are willing to learn from our past. This is the climate in which this dissertation can most appropriately be situated,

We are learning from past pain; from disempowerment; from feeling judged; from feeling unsafe; from repeating patterns of the past (Sisters of St Joseph, 2001, p. 22).

Orphan Knowledge

In the course of this study, a visit to the Province Archives in Melbourne revealed a document to which no Sister had referred directly in interview but which had apparently had a profound effect on the motivation of many of the Sisters throughout the course of the ministry. It is doubtful if they were aware that the actual document existed but the principles are those out of which the Sisters from Melbourne acted – even when they were being counter cultural to common practice in NSW.

Written by Mary MacKillop in 1900 prior to the opening of St Joseph's Home Broadmeadows the document relates directly to the care of the mothers and babies and expresses the objects of the institution (Appendix 7). This document set the following guidelines for care:

- the Sisters of St Joseph who took care of the babies would be experienced in the care of babies and young children
- The mothers would take care of their own babies and if possible act as wet nurse to abandoned babies as well
- The mothers would be encouraged to contribute to their upkeep and that of their baby.

In interview many of the Sisters, particularly those from Melbourne, directly related the founding of the ministry to Mary,

This was Mary MacKillop's work. These girls were the needy of the day. We did it out of charity. They had nowhere else to go. I can only say that everything we did we did out of a love of God and for the girls (Sisters of St Joseph, 2001, p. 39).

Well it started at Broadmeadows. But when you look back and read Mother Mary's life, I suppose you read mother Mary's life, how Mother Mary and her companions took in single mothers. It was by that tradition I would say (Sisters of St Joseph, 2001, p. 39).

One of the Sisters recalled that the mothers at Broadmeadows continued to breastfeed their infants until a matron, coming from another state, found the practice difficult to cope with and so it changed. Later one of the more visionary administrators, a non nurse, from Melbourne, allowed the mothers to breast feed at St Anthony's if they so wished. It was also the legacy from Broadmeadows that was carried forward to allow the mothers at St Anthony's to have contact with their babies when it was certainly not the culture in NSW, even at St Margaret's.

The Learnings – Single Loop, Double Loop, Collective?

Using organisational learning as a metaphor for 'understanding how people and systems within organisations adapt and change to meet emerging demands' Duignan

(n.d. p. 6). The mothers' concerns as classified in Chapter Six were categorised as described in Chapter Four into,

- the issue;
- change in practice;
- catalyst for change.

Censured and blamed

The issue

The issue is respect for the dignity and autonomy of persons.

The particular actions that the women perceived as contributing to their lack of autonomy; their feeling of guilt and shame, and their being unworthy of respect were, the reactions of shock and horror that greeted their pregnancy; the accusations of sin; the conspiracy of silence, and the lack of acceptance of them and their unborn infant.

Overtly or covertly the Sisters contributed to that perception by, the way the mothers were accepted into the Homes, often at the instigation of parents, pastors or teachers, without reference to the mother's own wishes; the occasional reference to the 'sin' they had committed, and the assumption that adoption was a forgone conclusion to cover up their sin and shame.

Changes in practice

Admission to the services appears to have undergone change according to the time and the individuals responsible for setting policy.

At St Margaret's Hospital care of the 'waiting girls' as they were known was the responsibility of one person for the 33 years that accommodation was provided at the hospital during pregnancy. There is no recorded change to policy or practice during that time. Practices at St Anthony's home appeared to undergo several changes around the residential programme. In 1923 the Home was for unmarried pregnant women unable to care for themselves and their babies. Mothers could stay for twelve months post delivery and then leave the baby, take it with her or adopt it out (Burford, 1991. p 162). Over the years this changed and there was no facility for the babies or the mothers to return to the home to stay. By the late 1980s the mothers were able once again to return with their babies for a period of time.

In 1976 an agreement between the Sister Administrator and the Catholic Adoption Agency formulated an intake policy to admit only girls seriously considering adoption. This was overturned in 1986 when the policy was changed to include mothers who intended to keep the baby (Sisters of St Joseph Archives, 1986).

There are now fewer mothers and they are very often older and of non English speaking background. Some are asylum seekers or on student visas. The house in which they live is near the administration offices of the Sisters of St Joseph and the babies are sometimes brought to visit.

Catalyst for change

Change in practice around the admission of mothers and care of mothers was not considered for at least thirty years at St Margaret's as the admission policy was in the hands of one person. The decision to move all the residential care to St Anthony's in 1971 was however due in part to the Chapter of 1969, and coincided with changes in the hospital which were supportive of the decision.

The policy change at St Anthony's was actually due to the foresight of two Sisters of St Joseph, one a social worker, herself an adoptee, who had a very real perception of the issues surrounding adoption and the Sister Administrator who supported her stance on accepting mothers who may be intending to keep their babies. This occurred much later in the late 1980s

Change in numbers of admissions came about with fewer mothers adopting out babies, greater acceptance of single mothers in society in general and fostering of the babies in the revocation period.

Attitudinal change and the perceptions of blame and accusations of sin are difficult to measure. Certainly the espoused theory of the Congregation has changed and these attitudes are reflected in the documentation of the Pregnancy Support Unit (St Anthony's and St Joseph's Centre of Care, 1998).

Ostracised and isolated

The issues

The issues are institutionalisation and isolation.

Without exception the Sisters interviewed agreed with the mothers that the social stigma attached to single motherhood was the genesis of the secrecy and isolation that surrounded them. For many of the mothers that is now viewed as something akin to incarceration and punishment and a time to reflect on their sin. Some perceived that they were used as slave labour.

The Sisters from St Anthony's agree that the mothers helped with the housework and worked side by side with the Sisters themselves. The Sisters also concur that the lifestyle at both St Margaret's and St Anthony's was regimented. Essentially the mothers lived in a total institution for the time that they spent at St Anthony's. This was due to the large numbers of mothers, their comparatively young age, and the institutional nature of both places at that time. As has been shown in Chapter Two the Sisters of St Joseph also led a lifestyle that had some characteristics of a total institution.

The secrecy around the identity of the mothers and the measures taken to keep their whereabouts secret were seen by the Sisters as aiding the young women in keeping the pregnancy secret and letting them get on with the rest of their lives. It was viewed by the mothers as part of the conspiracy of silence and part of their punishment for being pregnant.

Changes in practice

This appears to have been gradual with the life style of the mothers becoming more relaxed as the numbers decreased and the lifestyle of the Sisters themselves changed

as a result of Vatican II. The Sisters' way of life became less institutionalised and as a result so did the way of life for those in their care. There was less imperative for secrecy and the mothers came and went as they pleased. By the mid 1980s many of the mothers were intending to keep their babies and the nature of the service changed considerably. However, some mothers still come, of their own volition, without the knowledge of their family, for cultural or personal reasons.

Catalyst for the change

This is difficult to identify as the change has been gradual and has largely been an evolutionary process in line with the changes in society, the acceptance of the single mother and the legal and financial benefits that have enabled the mothers to keep their infants. Fewer numbers and changes in the nature of the service meant that there was less regimentation and the move from an institutional building to a cottage fostered a more home like environment.

The attitudinal change inspired by the Chapters, and expressed as espoused theory, has resulted in the mothers being treated with equality and respect, as reflected in the documentation (St Anthony's and St Joseph's Centre of Care, 1998).

Deprived of choice

The issues

The lack of choice was perceived by the mothers to be an issue on two counts, informed consent and due process in the taking of consents.

The system was deemed by both mothers and Sisters to be geared to adoption. The mothers perceived that not only were they deprived of choices about how and where they spent their pregnancy; they were, more significantly, deprived of choice about their baby. Some now perceive that their babies were stolen and equate their experience to that of the indigenous mothers of the Stolen Generation. Some are definite that they were coerced into adoption and sedated prior to signing the consents but for many of these girls adoption was seen as the only viable alternative in a society that did not condone single motherhood.

Most mothers felt they were given inadequate information about any alternative to adoption. Choices about the baby were linked, but not exclusively so, to the benefits and assistance available to the single mother. Often the alternatives lay within the family and unless the child's father, parents or other family members offered financial or material support the decision to adopt was seen as inevitable. There were some Government benefits available to the single mother at the beginning dates of the Inquiry but these were minimal, fragmented and inadequate and dependent upon the release of humiliating and personal data.

The recollections of some of the Sisters indicate that there was a depth of understanding for the plight of mothers struggling with choices around keeping the babies, but that in the end adoption was almost inevitable. Some Sisters just did not know what choices were offered the mothers or what benefits were available.

Changes in practice

The taking of consents at Saint Anthony's, prior to 1965, appears to have been conducted by a variety of persons who were available at the opportune time, representatives from the Catholic adoption agency, an external Justice of the Peace or by Sisters of St Joseph who had been sworn in as Justice of the Peace. After 1965 the policy changed so that all consents were taken by social workers from the Catholic Adoption Agency.

Over the next several years the process for consents became more formalised and changed from a formality and expediency to a planned process of counselling and decision making prior to the taking of the consent. From a belief that consents were automatic and adoptions a forgone conclusion, the practice changed to embrace options for adoption, fostering and freedom of choice. There was a gradual dawning of the appreciation that the decision making and the child belonged to the mother be she single or married.

The women had access to more choices with the implementation of the Supporting Mothers Benefit (1973), the Family Law Act (1975) and The Equity of Children Act (1976). Gradually the perception that adoption was the norm and keeping the baby the exception receded into memory. By 1998, when the Inquiry was commenced the number of single mothers keeping their babies had increased to almost 100% (Appendix 8).

Catalyst for change

At St Margaret's the Sisters of St Joseph did not take responsibility for the consents as this was in the hands of the solicitors prior to 1965 and in the hands of the social workers after that time.

Sisters from St Anthony's recall that the practice of their taking consents ceased with the arrival of a new Sister Administrator who had been at St Margaret's. She was accustomed to the consents being in the hands of solicitors or social workers. She was also one of the first Josephite nurses to undergo tertiary education and held a Diploma in Nursing Administration which included a legal component. Unfortunately, at the time of the Inquiry, she was physically and mentally unable to recall the events surrounding the adoption ministry. She died during the compilation of this study.

The setting up of the Catholic Adoption Agency in 1967 facilitated the passing over of consent and counselling procedures to recognised agencies in compliance with the Adoption Act of 1965. Consents were signed by the mother on day five and then she was given thirty days to change her mind if she decided to keep the baby. Informed by the changes in attitude to the rights of the mother and the doctrine of informed consent the practice continues to the present day.

The catalyst for the change in the giving of information to the mothers was multifactorial including, welfare payments that enabled them to support their infants; the change in societal values that no longer vilified the single mother and the access to child care that made it possible for the mother to work or to continue at school.

The legal issue around informed consent also influenced change. Access to post graduate and tertiary education meant that the all the Sisters were more aware of the legal implications of their profession.

Treated like an object

The issue

The issue is, again, respect for the dignity and autonomy of the individual.

The mothers claim that from the time they presented for care, either to a private doctor or to a public hospital they were on an adoption treadmill and given no right of individual choice or no respect because they were single.

In public hospitals, including St Margaret's, they felt as though they were used as teaching objects; treated differently from other women; insulted by medical staff; bullied by nurses; left alone during labour and punished after the baby was born. The practices that contributed to these perceptions were the assumptions of adoption, the assumption that these women were public (non -paying) patients, the placing of the mother in a single room or a room with other single mothers and the automatic giving of stilboestrol to prevent lactation. For some mothers, though not at St Margaret's, there were issues of over sedation and drugging.

Changes in practice: labour and delivery

Professional medical practice surrounding pregnancy, birth and postnatal care has changed dramatically since 1950 when the birth process was conducted more like a

surgical procedure than a natural phenomenon and labour was a long, painful and sometimes lonely affair. All babies were separated from their mothers at birth and whisked away to sterile nurseries to rest and recover from the trauma of being born. Babies who had been delivered by forceps or who were bruised or premature were kept in the nursery on strict cot rest.

The period from 1970 to the present has seen a rapid change in attitude and birthing practice through the managed childbirth of the 1970s, natural childbirth in the 1980s, and the plethora of choice in the 1990s (Auvenshine and Enriquez, 1989, pp. 271-329; Silverton, 1993; Hamilton , 2003).

By this time the choices for the single mother were the same as for the married woman, limited only by the preferences of the individual and the treatment required to ensure her health and the health of her child. All birthing mothers had access to the babies at birth, and with the advent of support persons in labour, the choice of someone to be with them (Bevis, 1993: Hamilton, 2003).

Changes in practice: post natal care

In 1950 the average length of stay in hospital was ten days post delivery. All mothers were bound around the breast to prevent engorgement, around the abdomen to aid involution of the uterus and confined to bed for five to seven days. Sometimes mothers did not hold their babies for up to three days. Mothers who were not breast feeding for some reason were given stilboestrol to dry up their milk. With such a long stay in

hospital the issue of where in the hospital the mothers spent their post natal stay was a very real one (Silverton, 1993).

This has changed slowly to present practice of an average of two days in hospital, immediate and constant contact with the baby and ambulation as soon as the mother is able to walk safely (Auvenshine and Enriquez, 1989, pp. 444-455; Marchant, 2003, pp. 625-638).

Changes in drug administration to the mothers were consistent with changes that occurred with the choice of drugs for pain relief in labour such as the use of nitrous oxide instead of ether; the advent of epidurals; the discovery that drugs such as valium could possibly be harmful to the baby, and the advent of natural forms of pain relief. These meant that all mothers are much more awake, aware and in control of their birthing process and recovery (Hamilton, 2003, pp 471 – 483; Bevis pp. 184– 197). Stilboestrol is no longer the method of choice to dry up breast milk (Braun, 1999).

Catalyst for change

The catalyst for change in clinical practice came from the medical and midwifery professions. Changes followed research findings or responded to consumer demand for the right to make their own decisions around pregnancy and childbirth.

Never a mother

The issue

The issue is around maternal bonding and unresolved grief.

Almost all of the mothers, except those who spent their pregnancy at St Anthony's Home, claim that denial of contact with the baby was one of the most difficult ordeals of the saga. It was also the issue on which the Sisters expressed most dissatisfaction.

The perceptions of the mothers are that the babies were not considered to be theirs from the very beginning of the pregnancy.

Changes in practice

The mothers at St Anthony's had always had the right of contact with the baby. The mothers at St Margaret's did not. This changed at St Margaret's, with a change of personnel in the hospital in the late 60s and with the legislation on the rights of the mother to have access to her child. This also coincided with the transfer of the mothers to St Anthony's for residential care.

Catalyst for change

This was threefold – a change of personnel, legislation and education. The one person who had set policy for non contact with the babies changed her ministry and legislation decreed the rights of mothers to have access to their children. The Sisters were by this time undertaking further education in response to the 1969 Chapter, and would have been aware of the changing environment and of relevant research into early bonding. The work of Bowlby (1969; 1975; 1981) contributed to development of the early fostering programmes (Usher, 1984, pp 11-12). Several of the Sisters, the author among them attended the seminars run by Elizabeth Kubler Ross in the 1980s and were instrumental in changing hospital practice around perinatal loss. Grief counselling

and follow up became the norm for mothers who had suffered stillbirth, neonatal death or miscarriage. Adoption policies of 1979 and 1984, initiated by the Social Work Department at St Margaret's Hospital reflected changes in policy and practice in response to legislation.

The Learnings

There are four main areas of learning and change emerging from these data:

1. The need for deinstitutionalisation of the ministry;
2. Respect for the dignity and autonomy of the individual;
3. The right of the mother to make choices for herself and her child;
4. The implications of mother-child separation.

Deinstitutionalisation of the ministry

The perception of the Homes as places where the mothers were hidden away in shame and sin and where they lived a regimented and work-driven lifestyle has changed. The change has been gradual partly in response to changes in the external environment – societal mores and the law; and partly in response to the changes in the espoused theory of the Congregation. The General Chapters of 1969 and 1972 began a significant change in lifestyle for the Sisters themselves with their moving away from the monastic model of community and the total institution lifestyle. These Chapters also gave the Sisters a voice in decision making and in the formulation of espoused theory. Thus changes in practices and in some cases in attitude towards the mothers can be

attributed to changes in espoused theory (collective learning), awareness of environmental factors (double loop learning) and to changes at local level with fewer mothers to care for (single loop learning).

Respect for the dignity and autonomy of the individual

Respect is an attitude and a way of being. It involves listening to people and treating them as individuals worthy of mutual respect. Lesley Hughes in her doctoral thesis, concluded that the Sisters engaged in welfare in the nineteenth century in NSW embodied in their care of the poor and in their Congregational documentation an attitude towards the poor that was 'one of compassion and inclusion, rather than (the) judgement and exclusion' typical of the time (Hughes, 2002, P. 214). Some of the Sisters of St Joseph expressed this respect of the mothers from the outset.

In contrast, the evidence given at the Inquiry suggested that for some of the mothers, including those who were at St Anthony's and St Margaret's, there was a perception that they were regarded as sinners who needed to be encouraged to repent. For some the treatment they received during pregnancy and labour reinforced the belief that they were without dignity and not worthy of respect.

After 1975 the declining numbers of single mothers and a societal acceptance of the single mother meant that they were not longer herded together, but were treated as individuals (single loop learning). Changes in clinical practice were adopted in response to education and research (double loop learning) The General Chapter of 1989 expressed for the first time in the espoused theory of the Congregation that respect for

the dignity of persons was to be paramount (collective learning). This had been expressed earlier at the time of the Vatican Council (Vatican Council, 1965, p. 163), but had not been incorporated so strongly in Congregational documents. This respect was a development of the quality recognised by Hughes (2002, p. 214), and was not characterised by compassion and benevolence but on mutuality and equality. This attitudinal change applied not only to this ministry but to all in which the Sisters of St Joseph were working.

The right of the mother to make choices for herself and her child

Until about 1975, and for several centuries before that, the mothers had been treated as societal outcasts. Their children were *filius nullis*, children of no one. The best alternative for them was adoption. This changed in response to legislation between 1975 and 1990. Early in the period the Adoption Act of 1965 changed the manner of arranging adoptions and obtaining consents and the Adoption Information Act of 1990 gave the mothers determination even over the choice of adopting parents and the right to keep in contact within set parameters (single loop learning). Society was also more accepting of the single mother with some mothers making single motherhood a deliberate choice (Mannis 1999, p. 121- 128) (double loop learning). The decision at St Anthony's home to admit mothers intending to have their babies adopted gave them the opportunity of informed choice (double loop learning). The espoused theory of the Congregation was also changing with the challenge to injustice and inequality;

recognition of the dignity of the individual and a strong identification with those we serve (collective learning).

Implications of mother /child separation

This has been probably the most significant learning, as this was the area of most tension during the ministry. The Sister who formulated the policy of no contact at St Margaret's apparently did so in response to her own experience in Broadmeadows. She would however, have been aware of the current environment in NSW. There is no record of the policy for contact with the babies prior to 1937 when the Sisters took over the ministry. The Sisters at St Anthony's never adopted this policy and some of the Sisters at St Margaret's struggled with it. Legislation directing the conduct of consents and the right of the mother to have contact prior to signing had led to local change of policy (single loop learning). The explosion of knowledge on maternal loss validated the beliefs of the Sisters who had instinctively known that separation was not always the wisest choice and initiated policy change (double loop learning). The 24th General Chapter of 2001 cited Loss and Grief as a focus for ministry (collective learning). Learning here has been both single and double loop with a late expression of collective learning – although this may not have been directly related to the adoption ministry.

The Impact of Education

From the 1969 Chapter came the directive that all nurses could obtain post graduate training. The revised Constitution gave recognition to all Sisters, including those in the Social Apostolate, of their need for professional and tertiary education. By 1983 most

trained nurses in the Congregation had updated their qualifications or were in the processes of doing so (Sisters of St Joseph Archives, 1983). Some had studied, or were studying, at tertiary level. There were also several qualified social workers in the Congregation. This trend towards further and higher education was instrumental in giving the individuals, and therefore the ministry and the Congregation a greater awareness of the internal and external environments and of the necessary research skills to move away from the traditional forms of learning towards adult and self motivated learning modalities. These skills, it has been shown, are an adjunct to organisational learning, and an indicator of double loop learning.

Towards Transformational Learning

One is also compelled to question when reflecting on the changes in espoused theory if, in fact the learning is also transformational. The changes in society and in religious life since the Second Vatican Council and evidenced in the official documentation of the Congregation as well as in the change of lifestyle have been so profound that they have been for many religious both liberating and disconcerting. The Acts of the 24th General Chapter also indicate that the Sisters are beginning to reflect on their own learnings. These are indicators of transformational learning.

Summary of Chapter Seven

Significantly the first evidence of change in espoused theory and its echoes in adoption practices is seen in the early 1970s following the Special General Chapter and the implementation of the decrees of the Second Vatican Council. While parallels are

evident in the changes in espoused theory and in the changes in practice there are also parallels in the many voices of church, society, the media, the law and the medical and nursing professions.

Learnings from the areas identified in the Inquiry fall under four major headings, the need for deinstitutionalisation in ministry; respect for the dignity and autonomy of persons; the right of the mother to make choices for herself and her baby; and the implications of maternal and child separation.

Some of the learning, especially the early changes in practice around signing of consents after the Adoption Act of 1965 and contact with the baby after The Childrens' Equity of Status Act of 1976, is purely single loop learning with incremental change that had no impact on organisational structures, goals or fundamental values. Similarly the changes in clinical practice, pain relief, and conduct of labour and the admission of support persons are incremental and related to professional practice. These do indicate however, at local level, a degree of environmental scanning and staff initiative.

There is evidence of double loop learning with staff initiatives for change, evidence of adult learning and significant policy change.

The most profound changes have been in the expression of espoused theory and in its echo in the relationship with the mothers. The acceptance of their inherent dignity and the assistance given them to care for their infants is a far cry from encouraging them to relinquish their child. The explosion of knowledge about loss and grief and its

application to the mother's contact with her infant has entailed a radical mind shift for those who believed that separation was the only course of action.

There is evidence therefore of both single and double loop learning with incremental change and change in organisational goals and objectives in the care of the mothers and their infants. There is also evidence of collective learning in the strong expressions of dignity, respect, justice and the recognition of grief expressed in the General Chapter documents since 1969. Changes in practice were brought about by Chapter decisions regarding the care of the mothers and the education of the Sisters.

The Conclusion takes the first tentative steps forward with the opening up of possibilities for reconciliation and for further study.

Conclusion

THE PROPHETIC VOICE

We must love them both, those with whom we agree and those with whom we disagree. For both have laboured in the search of truth and both have helped in the finding of it (Hoffman, 1997, p.1).

The stories have been told and the learnings examined. There remains the challenge of making these stories meaningful in ways that can be heard by those who need to be reconciled. It is now time for both parties; these two groups of women, to be enabled to listen to each other in whatever way will achieve peaceful understanding. There may be need in some cases for reconciliation. In good faith the Sisters had done what they could within their own limits, the limits of church, society and the body of knowledge available to them at the time. With the wisdom of hindsight things could have been done differently and the learnings have been both painful and profound. The changes in ministry have been radical, the expressions of values and direction revolutionary.

Initial reactions from the Sisters of St Joseph to the Inquiry ran the gauntlet from no surprise to bewilderment and anger. Some expressed a fear that their years of service counted for nothing?

We worked really hard for those babies; we did not know where they came from or why they were there. We only saw the mothers when

they came to visit the babies. Does this mean that our life's work counts for nothing (Sisters of St Joseph, 2001. p. 68)?

Others understood and faced the issues with compassion and equanimity.

it would appear that the big issue today is the wisdom of adoption policies carried out in our institutions and hospitals in past years, it would appear that with today's knowledge of the traumatic aftermath for the unmarried mother of that time – it was not an ideal situation to deprive a mother of seeing her child if it was for adoption, but like many past practices it was done in good faith and thought to be the best for the mother if the separation was done at delivery (Sisters of St Joseph, 2001. p. 68).

One Sister, a nurse who had been in the ministry a short time, wept for what she perceived as injustice to her colleagues who has spent a lifetime with the mothers and babies in this ministry.

The challenge for the Sisters of St Joseph, as women of faith with a ministry to those whose dignity is compromised, is to hear and somehow acknowledge the pain and alienation that these mothers have suffered and are suffering. This does not mean that the Sisters' pain goes unrecognised. Attendance at the Inquiry demonstrates that both sides need to have their stories acknowledged in all their rawness and realness.

To reconcile is not simple. Simion sounds a note of caution

The act of reconciliation, even if reduced to its most simplified attributes, implies an anatomy of stipulations. It speaks of conflicting human values, conflicting faith and strong orientation for what is right and what is wrong, for what is true and what is false. Perhaps our very struggle to reconcile makes us understand why God needed to sacrifice the Son in order to reconcile with a fallen creation. It should come as no surprise then that the secret of reconciliation is the sacrifice of what one considers justice (2000, p. 3).

The study indicates that the Sisters have already acknowledged that they would have done things differently if they had the knowledge they now hold on the nature of maternal loss and the prolonged and unresolved grief of losing a child to adoption, or there had been a way to question some of the attitudes and practices with which they did not agree at the time.

The study also indicates that in some cases individuals had adopted the norms of church and society and believed that the mothers needed, first and foremost to repent of the sin they had committed. While this does not appear to be the general consensus of the Sisters caring for the mothers there was within the group some element of judgement arising from the prevailing attitudes of the time.

Avruch and Vejarano (2001, p. 51) introduce the 'concept of the transfer effect' in the reconciliation process. This names the dilemma of how to move reconciliation and forgiveness through national, societal and individual levels. There is a parallel in this

study. At this stage the response to the Inquiry has been restricted to the leadership and to those Sisters who gave evidence for the Inquiry and/or participated in this study. For the participants it was a 'walk through history' (Avruch and Vejarano, 2001, p. 51) which may be the beginning of healing. Reconciliation cannot be imposed. The most appropriate way forward is for the Congregation to determine.

Following the last 24th General Chapter, which exhorted the Sisters to remember that 'We are learning ...from repeating patterns of the past', (Sisters of St Joseph, 2001, p. 22), the Sisters of St Joseph have embarked on a Congregational wide study of the Congregational shadow - those patterns of behaviour that have caused pain in their collective history. They are taking the Chapter at its word.

Finally it is hoped that this study will give another way of looking at inquiry into past practice. This study has shown how the very act of participation in inquiry and in research can open the door to mutual understanding. Over the last fifty years the changes have been revolutionary, the learnings profound. At every stage the Sisters have responded as best they knew how. Like the mob they have learned from church, media, society, family, law and professional colleagues. While acknowledging that some of the past needs reconciling they can also acknowledge with pride that they have read the signs of the times and responded accordingly. The Inquiry is an opportunity to learn from past pain and move on.

Trimingham Jack writes, 'the telling of a person's life story is an encounter with the past which is orientated by the present' (1999, P. 16). Understanding the life stories of

the two groups of participants in this research and the impact of the experience of adoption on their lives and learning is only the first step towards understanding and reconciliation. The provision of tools for a pastoral response to those who have suffered as a result of past practices can only arise when one group begins to really hear the experiences of the other.

Possibilities for further study

This study has also opened up the possibilities for further study in the areas of ministry, and of organisational learning in religious and charitable organisations:

- The discovery of the orphan knowledge and its influence on attitudes, practices, spirituality and culture of religious organisations would be a valuable insight. Much of the knowledge that is influencing the thinking and behaviour of religious men and women today is probably lost in archives and in convent libraries.
- This study has alluded to but not pursued the effect of Vatican II on the learnings of religious Congregations and the profound personal and organisational changes that have taken place. A study of the transformational nature of Vatican II on religious life is a relevant question from this study, as is the nature of religious Congregations as learning institutions; their motivation and their imperative for continuing to learn.
- At the Inquiry many of the mothers begged that adoption be declared unlawful and illegal. There were passionate cries to have it banned. There is no work done to

date on the ethics of adoption, which is still facilitated and supported by the mainstream churches.

- In the continual search for truth the challenge of analysing the past by the standards of the present remains a vexed question.

Finally the conversation must continue. It is important that the memories continue to be shared and the understandings developed. The symbolism of the Janus Head is poignant in this context,

The image of Janus as two-headed reminds us that, as human beings, we are always radically decentered and unknown to ourselves. It is no mistake that the doors of Janus' temple were kept open in times of war. In war, the other can take on the menacing quality of what is unknown to us. Janus' signification of vigilance calls us to continually remain open to what has been marginalized, split off, and left out of dialogue, for it may appear in the face of that which aims to destroy us. The opening up of a dwelling-space can offer the dialogue which may thwart the mutual destruction which can result when we fail to recognize our disowned face in the face of the other. And, with such a dialogue, we cannot help but be transformed. Self and other offer each other, in this space, the opportunity for new beginnings with new dialogues. Further, the significance of Janus being two-headed reminds us that, as Nietzsche wrote, 'Truth is the kind of error without

which a species cannot survive.' The 'truth' of any community is always only partial, both revealing and concealing, and thus necessitating a never-ending dialogue by which the meaning and ground of the community can continue to be renewed (Barbaretti and Robbins, 2003).

This has been the beginnings of hearing the truth for two communities, hitherto concealed, painful but hopefully healing in its revelation. Truth and story telling are the beginnings of dialogue and reconciliation. In looking back in understanding the two groups of women can look forward in hope.

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Appendices

Appendix 1. Letter to Participants

Appendix 2. Consent form for Participants

Appendix 3. Letter of Approval from Ethics Committee

Appendix 4. Interview Prompt Sheet

Appendix 5. Levels of Learning

Appendix 6. Correspondence with Chris Argyris

Appendix 7. Objects of the Institution Mary MacKillop 1901

Appendix 8. Adoption Trends 1950 -1997

Appendix 1. Letter to Participants

1 Patterson Place
Croydon
June 13 2001

Dear Sister,

The Adoption Inquiry in NSW is underway. Thank you for the information you provided prior to the inquiry. I really appreciated your insights. Participation in the inquiry is difficult but a privilege.

One of the insights for me is how far we have come in our understanding of the issues for these mothers since we commenced this ministry in 1937. A second insight is that our story has never been told.

I have enrolled in a Doctor of Education Degree at Australian Catholic University in order to gain an understanding of the above issues.

I therefore ask your permission to use any of the data you supplied during the previous interview and possibly to interview you again to explore our participation in this ministry.

I shall be in touch very soon to further explain the study to you. The information will be confidential and no one will be named.

Yours Sincerely

Antoinette Baldwin rsj

Appendix 2. Consent Form for Participants

TITLE OF PROJECT: FACING THE PAST

NAME OF SUPERVISOR DR PETER HANCOCK

NAME OF STUDENT: ANTOINETTE BALDWIN

In this present time past practices more and more frequently are being called into question. Currently Adoption Practices in NSW between 1950 and 1998 are under review in a formal inquiry. The purpose of this research is to recall our adoption ministry, so that our understanding of the issues can be positive and balanced.

I would very much appreciate your taking time to share your recollections of ministry at St Margaret's Hospital and St Anthony's Home. I would anticipate that this would take no more than 30 minutes to one hour of your time. It will be as short or as long as you wish to make it.

It is my hope that this research will not only be of benefit to us, but that by really trying to understand the time in history and the events that took place we can create a model for responding to issues from the past.

There is no obligation for you to share your story and you can request at any time that your recollections not be included in the final study.

With your permission and to insure accuracy the interview will be taped. All data will be kept secure and no persons will be identified in the study.

If you have any questions do not hesitate to contact my supervisor or me.

Antoinette Baldwin (H) 97152046 (W) 98172055 Mobile 0417468224

Dr Peter Hancock (02) 97392131

The University Human Research Ethics Committee at Australian Catholic University has approved this study.

If you should have any complaint about the way you have been treated during the study, or a query that the Researcher or Supervisor have not been able to satisfy, you may write to

Chair, Human Research Ethics Committee
Office of Research
Australian Catholic University
25a Barker Road
STRATHFIELD
NSW 2135
Tel: 02 9739 2159 Fax 02 9739
2350

Any complaint made will be treated in confidence, investigated fully and the participant informed of the outcome.

If you agree to participate in this project, could please sign both copies of the attached Consent form, retain one copy for your records and return the other copy to the Researcher.

Appendix 3. Letter of Approval from Ethics Committee



COPY

AUSTRALIAN CATHOLIC UNIVERSITY

HUMAN RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE FOR A RESEARCH PROJECT – APPROVAL FORM

Principal Investigator:	Dr Peter Hancock, Mount Saint Mary Campus
Co-Investigator:	Ms Antoinette Baldwin
HREC Number:	N2000/01-19
Project Title:	FACING THE PAST.

Ethics clearance has been provisionally granted for the project:
For the period: 01/03/2001 to 30/12/2001

subject to the following conditions as stipulated in the *National Statement on Ethical Conduct in Research Involving Humans, 1999, issued by the National Health and Medical Research Council (NHMRC) in accordance with the NHMRC Act, 1992 (Cth).*

- b) that principal investigators provide reports annually, on the form supplied by the Institutional Ethics Committee, on matters including:
 - security of records
 - compliance with approved consent procedures and documentation
 - compliance with other special conditions; and

- b) as a condition of approval of the protocol, require that investigators report immediately anything which might affect ethical acceptance of the protocol, including:
 - adverse effects on subjects
 - proposed changes in the protocol
 - Unforeseen events that might affect continued ethical acceptability of the project

and subject to the following clarifications and condition(s) as stipulated by the Human Research Ethics Committee (HREC) local panel:

Information Letter

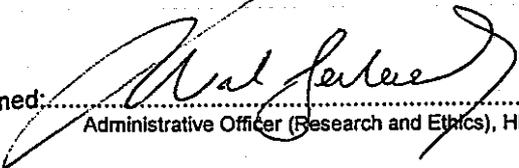
- Paragraph 1 – Suggest re-word opening sentence to “Past Practices are being called into question more frequently”.
- Paragraph 4 – 5. Advise participants that they may withdraw from the interview or request that the tape recorder be turned off at any time.
- Contact for participants to write to should be “Chair, Human Research Ethics Committee”.

General

As the identity of the participants will be known to the researcher at some stage, they will not be actually anonymous. However, their identity will be protected and kept confidential by use of a Consent Form and the other provisions in place.

A Final Report Form will need to be completed and submitted to the University Human Research Ethics Committee within one month of the completion of the project.

Please sign, date and return this form (with any additional information or material, if requested by the Committee) to the Administrative Officer (Research and Ethics) to whom you submitted your application, for approval to be confirmed.

Signed: 
Administrative Officer (Research and Ethics), HREC

Date: February 22, 2001

(To be completed by the Principal Investigator or Student and Supervisor, as appropriate)
The date when I/we expect to commence contact with human participants or access their records is:

We hereby declare that I/we am/are aware of the conditions governing research involving human participants as set out in the Human Research Ethics Committee's *Guidelines for Researchers* and agree to the conditions stated above.

Signed: Date:
(Principal Investigator or Supervisor, as appropriate)

Signed: Date:
(Researcher, if student)

Appendix 4. Interview Prompt Sheet

Interview Prompt Sheet

Could you please comment on any aspects of care in which you were involved during your time at St Margaret's Hospital or St Anthony's Home. Feel quite free to give as little or as much detail as you choose. The questions below are simply a guide to jog your memory after all this time.

1. Personal Information

- a. Were you at St Margaret's or St Anthony's?
- b. What years were you there? In what role(s)?

2. During Pregnancy

- a. Why did the single girls come to St Margaret's or St Anthony's during pregnancy?
- b. Who generally made the first contact, the pregnant girl or another person?
- c. During pregnancy what options were the girls given in regard to the future of their babies?
- d. Was any pressure put on the girls to adopt or to keep their babies?
- e. What processes were put in place if a girl wanted to keep her baby?

3. Birthing Practice – Have you any comments on:

- a. Drug administration
- b. Method of Delivery
- c. Suturing
- d. Support Persons
- e. Contact with baby at birth
- f. Were these practices different from those in the care of the married woman who was keeping her baby?

4. Post Natal Care – What can you remember about:

- a. Contact with the baby / feeding the baby
- b. Location within hospital
- c. Visitors
- d. Attitude of staff
- e. Process for taking of consents
- f. Information and counselling re future

5. Josephite Ministry

- a. Why are we as Josephites working in this ministry to the single mothers?
- b. Is there anything in this ministry that resonates particularly with our Josephite Charism?
- c. Is there anything you would like to share about this ministry: Reflections, memories, comments, symbols?

Appendix 5. Levels of Learning

	<i>Single Loop Learning</i>	<i>Double Loop Learning</i>	<i>Collective Learning</i>
Actions			
Nature of Change (Argyris and Schön 1996, 1974)	Change in specific practice to match expectations of management at all levels	Change in priorities and structures	Reflection on change and on learning, evidence of transformation at Congregational level
Determinants of change (Raymond et al 1999)	External agent Impacting on practice only	Initiated at local level in line with espoused theory and industry best practice - environmental awareness	Demonstration of reflection and learning from the environment at on Congregational level
Objectives			

	<i>Single Loop Learning</i>	<i>Double Loop Learning</i>	<i>Collective Learning</i>
Awareness of Environment(Correia & Wilson 1997; Choo2001; Aquilar 1967; MacDonald 1995; Corner 1994)	Management only aware of external environment	Sisters aware of changing attitudes, norms and legislation	Actively networking with other players in the industry particularly with other church and Congregational groups
Management approach to change (Gilly 1997; Schön 1975; Handy 1978)	Top down – enforced by management	Consultation and shared responsibility at local level	Result of reflection at wider Congregational level – Chapter decision.
Model of learning accompanying change (Argyris 1996;	Incremental, application of learned procedures and	Research, self motivated adult learning.	Evidence of reflection and awareness of learning.

	<i>Single Loop Learning</i>	<i>Double Loop Learning</i>	<i>Collective Learning</i>
Probst and Buchel 1997)	rote application		
Identification of Tacit or Orphan Knowledge (Caddy 2002; Luther 1997; Walters 1998)	No recognition but may be application	Some recognition	
Figure 12 Parameters for Identifying Levels of Learning			

Appendix 6. Correspondence with Chris Argyris

Antoinette Baldwin

From: Steff_Riordan@Monitor.com on behalf of Chris_Argyris@Monitor.com
Sent: Tuesday, 3 February 2004 2:58 AM
To: toni.ba@bigpond.com
Subject: Re: doctoral studies

Dear Antoinette,

Retrospective analysis tends to be more accurate for getting at espoused theories. This bias can be overcome through interviews when you ask for actual examples plus recollections of the conversations as best as they can recollect them.

As to examples, have you examined my Knowledge for Action (Jossey-Bass 1993), Flawed Advice (Oxford University Press, 2000), and Organizational Learning, II, (Addison Wesley, 1996) and Reasons and Rationalizations, (Oxford University Press, 2004).

Hope this helps,
Chris

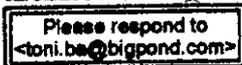
"Antoinette Baldwin" <toni.ba@bigpond.com>

To "Chris Argyris" <Chris_Argyris@Monitor.com>

cc

Subject: doctoral studies

02/02/2004 02:08 AM



Dear Doctor Argyris

Please pardon a second intrusion into a busy life.

I sent you an e mail re my doctoral studies on the organisational learnings of a religious Congregation during a period of rapid and significant change.

- *the study data spans 50 years of change with quite marked change in espoused theory over the time*
- *I have a lot of historical data as well as the reflections of thirty of the key players in the organisation*
- *There is ample evidence of change in practice from archival and organisational data*
- *there are identifiable 'errors' that were corrected as evidenced by the above*
- *I worked in the organisation for twenty years*

The application of your work, from my reading, is done as action research in real time. I would really like to look at a retrospective analysis of the organisational learnings using single and double loop learning. I can find no precedent for such an application but believe that it might be possible. Are you aware of any such application? I appreciate the clarity and practical nature of your work. Your down to earth approach to organisations and the depth of your preception of the people involved. If you believe that retrospective analysis is not faithful to your theory I shall use another methodology. However I would very much like to use your work.

23/04/2005

Antoinette Baldwin

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23/04/2005

Appendix 7. Objects of the Institute Mary MacKillop 1901.

21/10/1870 no. 1000



Patron - His Grace the Archbishop
Care - His Lordship - Dr
1 Recollections and the friends of
the Archdiocese of Melbourne.

Objects of the Institution -

- 1st To provide a sheltering home for unfortunates mothers and their young babes -
- 2^d To provide the same for those babies whose uneducated mothers leave them to perish -
- 3^d Later on - it is hoped that a Maternity Home for really deserving cases will be established on the premises -

Method of carrying on the work.
In each case a mother will be expected to secure her own child as far as circumstances permit, whether motherless child or not.

Where this cannot be done - the infants will be reared on milk - or prepared food - as directed by medical advice -
In the latter case the infants will be under the ^{charge} of a Sister who is experienced in the care of young children -

The Providence in Melbourne is
suggested as a suitable training
house for deserving cases - or aban-
doned infants - In this case it can no
longer remain a Servants' Home -
and should be situated in a more
central position.

1. In many cases the ex-
pensing matters are in a
position to defray the
expenses - & will be expected
to do so.

Means of supporting the Institution
Were Government to pay the 10/-
per head for each case as was ex-
pected - there would be no diffi-
culty - This not being forthcoming
and until it does come - an appeal
to the public is necessary -

1st By means of yearly subscrip-
tions -

2^d - By granting as is done
in the case of the House at
Henry Hills -

3^d By Ladies in the different
Centres charitably giving
entertainments in aid of
the Institution -

4th By the work of the inmates
which will be decided on later -

Appendix 8. Adoption Trends 1950 – 1997

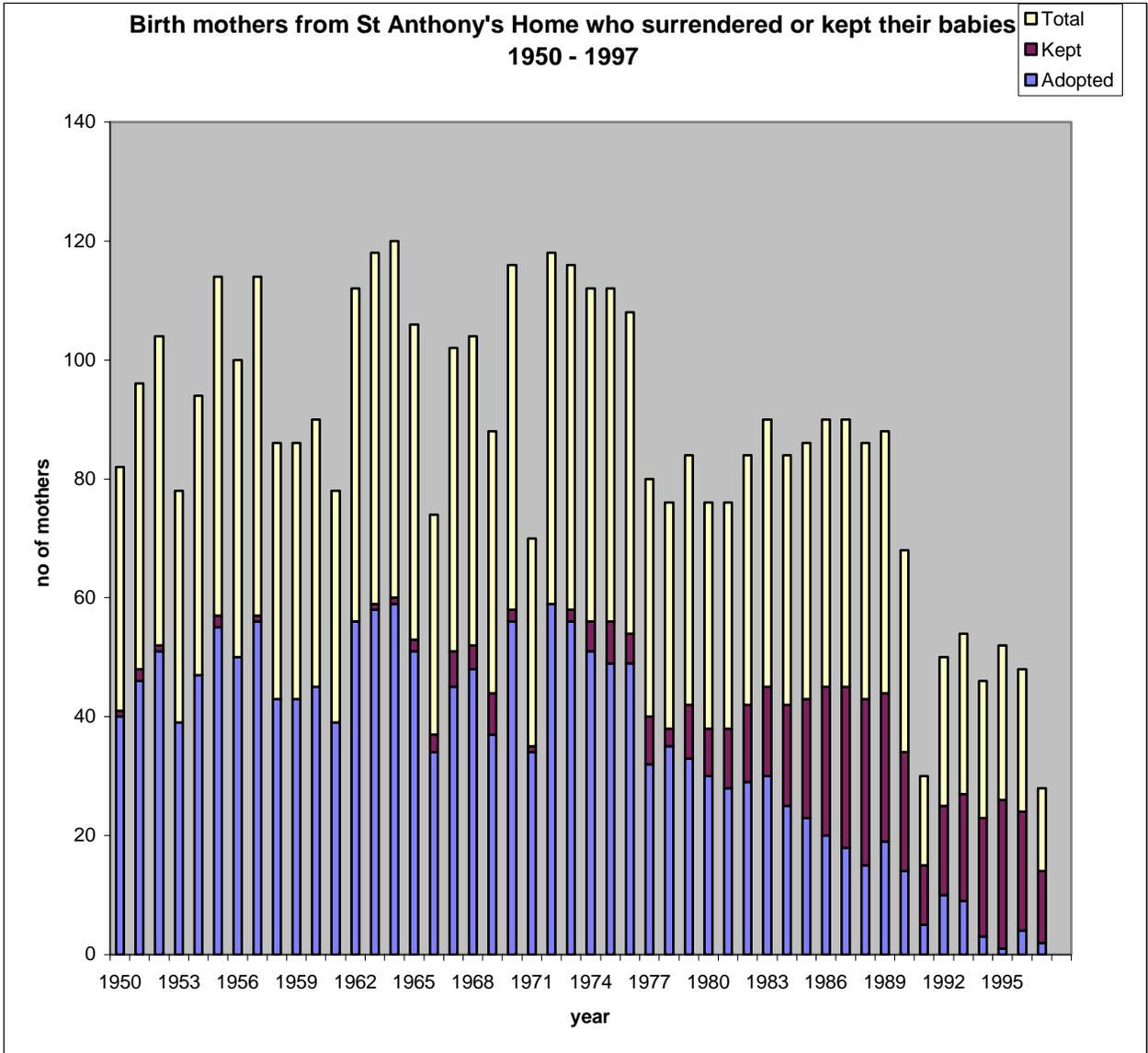


Figure 13 Adoption trends 1950 – 1997